

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0066725

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90164 041 ***150.00

DOCUMENT # **P98000051414**

1. Corporation Name
THREE HEARTS INCORPORATED



Principal Place of Business
**6824 ALOMA AVENUE
WINTER PARK FL 32792**
**291 E. Altamonte Dr., Ste. 13
Altamonte Springs, FL 32701**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/09/1998

4. FEI Number
59-3516052

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 **291 E. Altamonte Dr.**
Suite, Apt. #, etc.
22 **Ste. 13**
City & State
23 **Altamonte Springs, FL**
Zip
24 **32701** Country
25 **U.S.A.**

2a. Mailing Address
26 **291 E. Altamonte Dr.**
Suite, Apt. #, etc.
27 **Ste. 13**
City & State
28 **Altamonte Springs, FL**
Zip
29 **32701** Country
30 **U.S.A.**

9. Name and Address of Current Registered Agent

MORIN, CYNTHIA M
6824 ALOMA AVENUE
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
291 E. Altamonte Dr.
83 **Ste. 13**
84 City **Altamonte Springs** FL 85 Zip Code **32701**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PACK, RONALD S	
STREET ADDRESS	6824 ALOMA AVENUE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAUNDERS, TIMOTHY A	
STREET ADDRESS	2014 TWAIN ROAD	
CITY-ST-ZIP	GREENSBORO NC 27404	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PACK, Ronald S.	
1.3 STREET ADDRESS	4760 Hall Rd.	
1.4 CITY-ST-ZIP	Orlando, FL 32817	
2.1 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SAUNDERS, Timothy A.	
2.3 STREET ADDRESS	2014 Twain Rd.	
2.4 CITY-ST-ZIP	Greensboro, NC 27404	
3.1 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BRINCFIELD, Catherine M.	
3.3 STREET ADDRESS	10515 Oak Place Ct.	
3.4 CITY-ST-ZIP	Fairfax, VA 22030	
4.1 TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MORIN, Cynthia M.	
4.3 STREET ADDRESS	4760 Hall Rd.	
4.4 CITY-ST-ZIP	Orlando, FL 32817	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Ronald S. Pack** **President** **27APR99** **(407) 261-1300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)