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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

S12189

(4)

**HEARTWOOD 90 INCORPORATED** 

noipal	Place	of	Business
	noipal	ncipal Place	ncipal Place of

Mailing Address

1750 E SUNRISE BLVD FT LAUDERDALE FL 33304 1750 E SUNRISE BLVD FT LAUDERDALE FL 33304-301



FI LAUDERD	ALE FL 33304-3013	FT LAUDERDALE FL	33304-3013					
						3. Date Incorporated or Qualified 11/13/1990	3a. Date of La 05/22	
. Principal Pla	ice of Business	2a. Mailing Address				4. FEI Number	1 00/22/	
1	26					65-0229050	-	Applied For Not Applicab
Saile, Apt. /	r, etc.	Suite, Apt. #, etc.					9.9	.75 Additional
]		27				5. Certificate of Status Desired		ee Required
City & State		City & State				6. Election Campaign Financing		5.00 May Be
		28				Trust Fund Contribution		dded to Fees
Zφ	Country	Zip	Cou	untry		8. This corporation has liability for i		
	25	29	30			Florida Statutes  Yes		, 5 , 50, 552,
	<ol><li>Name and Address of Curre</li></ol>	ent Registered Agent		1		10. Name and Address of New R	egistered Agent	
				81	Name			
CARVAL	HO, JEAN			82	Ctroot Addres	as (P.O. Roy Number is Not Assessable	la)	
1750 E SUNRISE BLVD				82 Street Address (P.O. Box Number is Not Acceptable)				
	DERDALE FL 33304			83				
								-
				84	City		FI 85	Zip Code
. Pursuant to	the provisions of Sections 607 056	)2 and 607 1508 Florida Statu	tas the aha	)/e-2	amed corporal	tion submits this statement for the purple of directors. I hereby accept the appo		ian analas
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4. To hereby certify that the information stipplied with this lining is voluntarily furnished and doos not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

JEAN GINALIA JATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/17/96 (954) 760-5018