

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

FILED
Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S12189** (4)

1. Corporation Name
HEARTWOOD 90 INCORPORATED

Principal Place of Business
**1750 E SUNRISE BLVD
FT LAUDERDALE FL 33304-3013**

Mailing Address
**1750 E SUNRISE BLVD
FT LAUDERDALE FL 33304-3013**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/13/1990	3a. Date of Last Report 02/27/1996
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 65-0229050	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27	27 City & State	28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**CARVALHO, JEAN
1750 E SUNRISE BLVD
FT LAUDERDALE FL 33304**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVAN, ALAN B	1.2 NAME	
STREET ADDRESS	1750 E SUNRISE BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABER, WILLIAM L.	2.2 NAME	
STREET ADDRESS	1750 E SUNRISE BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIECO, FRANK, V	3.2 NAME	
STREET ADDRESS	1750 E SUNRISE BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	3.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVALHO, JEAN	4.2 NAME	
STREET ADDRESS	1750 E SUNRISE BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	4.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EANES, JASPER R.	5.2 NAME	
STREET ADDRESS	1750 E SUNRISE BLVD	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	5.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABDO, JOHN E.	6.2 NAME	
STREET ADDRESS	1750 E. SUNRISE BLVD.	6.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Jean Carvalho* **JEAN CARVALHO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/97 (954) 760-5018
Date Daytime Phone #

CR2E034 (9/96)