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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90163 034 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # S12189

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1990

4. FEI Number

65-0229050

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

JACK A FURMAN

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

1750 E SUNRISE BLVD

83

84 City

FT LAUDERDALE FL

85 Zip Code

33304

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 agent 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]

JACK A. FURMAN

4/22/99

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 ☐ DELETE

NAME **D LEVAN, ALAN B**
STREET ADDRESS **1750 E SUNRISE BLVD**
CITY-ST-ZIP **FT LAUDERDALE FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME **V ABER, WILLIAM L.**
STREET ADDRESS **1750 E SUNRISE BLVD**
CITY-ST-ZIP **FT LAUDERDALE FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **VD GRIECO, FRANK, V**
STREET ADDRESS **1750 E SUNRISE BLVD**
CITY-ST-ZIP **FT LAUDERDALE FL**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME **S CARVALHO, JEAN**
STREET ADDRESS **1750 E SUNRISE BLVD**
CITY-ST-ZIP **FT LAUDERDALE FL**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME **T EANES, JASPER R.**
STREET ADDRESS **1750 E SUNRISE BLVD**
CITY-ST-ZIP **FT LAUDERDALE FL**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **P ABDO, JOHN E.**
STREET ADDRESS **1750 E. SUNRISE BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

6.1 TITLE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

954-760-5465

Daytime Phone #

CR2E034 (1/98)