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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

HEARTWOOD 91 INCORPORATED

Mailing Address	***************************************
1750 EAST SUNRISE BLVD	

FILED Apr 15 1998 8:00am Secretary of State



1	ce of Business	Mailing Address				
1750 EAST SUNRISE BLVD FT LAUDERDALE FL 33304-3013 1750 EAST SUNRISE BLVD FT LAUDERDALE FL 33304-3013						
				DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or Qualified	3 SPAUL
					01/08/1991	
2. Principal F	Place of Business	2a, Mailing Address			4. FEI Number	Applied For
21	1555 57 Edd. 1555	26			65-0378463	Not Applicable
Suite, Apt.	. #. etc.	Suite, Apt. #, etc.				\$8.75 Additional
22			5. Certificate of Status Desired	Fee Required		
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Žip	Country	Žip	Country		8. This corporation owes or has paid the	· · ·
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9, Name and Address of Curre				10. Name and Address of New Registers	nd Agent
C/	ARVALHO, JEAN		81	Name		
17	50 E. SUNRISE BLVD.		82	Ctroot Add	ress (P.O. Box Number is Not Acceptable)	. .
	. LAUDERDALE FL 33304		102	SIEGEL WOO	iless (if.O. bux number is not Acceptable)	
			63			
			84	City		85 Zip Code
				L	F	
office or i	to the provisions of Sections 607.05 registered agent, or both, in the State	oz and 607.1508, Florida Statute e of Florida. Such change was a	s, the above uthorized by	e-named corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered ppointment as registered
	am familiar with, and accept the oblig	gations of, Section 607.0505, Flor	rida Statute:	3.		
SIGNATURE	Signature, typed or printed name of registered ag	pent and title if applicable (NOTE	Registered Age	ent signature requi	ired when reinstating) DATE	
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change 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+S	T-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE			Change Addition
NAME	GRIECO, FRANK V.		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	VP	☐ DELETE	3.1 TITLE		• • • • • • • • • • • • • • • • • • • •	☐ Change ☐ Addition
NAME	ABER, WILLIAM L.		3.2 NAME			
STREET ADDRESS	1750 E SUNRISE BLVD.		3.3 STREET	ADDRESS		
CITY - ST - ZIP	FT. LAUDERDALE FL		3.4. CITY-5			
TITLE	S	☐ DELETE	4.1 TITLE	-		☐ Change ☐ Addition
NAME	CARVALHO, JEAN		4. 2 NAME	1		
STREET ADORESS	1750 E SUNRISE BLVD.		4.3 STREET	ADDRESS		
CITY-S1-ZIP	FT. LAUDERDALE FL		1	- 1		
TITLE	T	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE			Change Addition
NAME	EANES, JASPER	-	5.2 NAME	1		,
STREET ADDRESS	1750 E SUNRISE BLVD.		5.3 STREET	ADORESC		
CITY-ST-Z#P	FT. LAUDERDALE FL		5.4 CITY-S			
Tatle		☐ DELETE	6.1 TITLE	1-4IF		Change Addition
NAME		- Detect	6.2 NAME			Only nutrition
STREET ADDRESS				10000000		
			6.3 STREET			
CITY-ST-ZIP	I		6.4 DITY-S	T∙ZiP 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 anti-chiment with an address.

1126/98

954-760-5018