

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90167 028 ***150.00

DOCUMENT # S23246

1. Corporation Name

HEARTWOOD 91 INCORPORATED

Principal Place of Business

1750 EAST SUNRISE BLVD
FT LAUDERDALE FL 33304-3013

Mailing Address

1750 EAST SUNRISE BLVD
FT LAUDERDALE FL 33304-3013

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1991

4. FEI Number

65-0378463

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 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

JACK A. FURMAN, ESQ.

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 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.

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
DP GRIECO, FRANK V.
STREET ADDRESS
1750 E SUNRISE BLVD
CITY-STATE-ZIP
FT LAUDERDALE FL

TITLE ☐ DELETE

NAME
VP ABER, WILLIAM L.
STREET ADDRESS
1750 E SUNRISE BLVD.
CITY-STATE-ZIP
FT. LAUDERDALE FL

TITLE ☒ DELETE

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

TITLE ☒ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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

Date

Daytime Phone #

CR2E034 (11/98)