

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortonham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S29602**

(7)

1. Corporation Name

**HEARTWOOD 1, INC.**



Principal Place of Business

**1750 E SUNRISE BLVD  
FT LAUDERDALE FL 33304**

Mailing Address

**1750 E SUNRISE BLVD  
FT LAUDERDALE FL 33304**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**02/05/1991**

3a. Date of Last Report

**05/22/1995**

4. FEI Number

**65-0249344**

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 has liability for intangible tax under s. 193.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**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 607.0802 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 of Registered Agent or Secretary of State)

(Signature of Registered Agent or Secretary of State)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**D  
LEVAN, ALAN  
1750 E SUNRISE BLVD  
FT LAUDERDALE FL**

☐ DELETE

**PD  
GRIECO, FRANK V  
1750 E SUNRISE BLVD  
FT LAUDERDALE FL**

☐ DELETE

**V  
ABER, WILLIAM L  
1750 E SUNRISE BLVD  
FT LAUDERDALE FL**

☐ DELETE

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

☐ DELETE

**T  
EANES, JASPER  
1750 E SUNRISE BLVD  
FT LAUDERDALE FL**

☐ DELETE

**VP  
ABDO, JOHN E  
1750 E SUNRISE  
FT LAUDERDALE FL**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does 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 in an affidavit with an attorney.

SIGNATURE:

*Jean Carvalho*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96 (954) 760-5018

CR2E034 (12/95)