

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

**FILED**  
**Aug 17, 1999 8:00 am**  
**Secretary of State**

08-17-1999 90001 011 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # S29780**

1. Corporation Name  
**HEART MATES, INC.**



Principal Place of Business <b>302 FOREST AVE ALTAMONTE SPRINGS FL 32701</b>	Mailing Address <b>302 FOREST AVE ALTAMONTE SPRINGS FL 32701</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>221 Forest Ave Alt 32701</b>	2a. Mailing Address <b>Same as 2</b>
21. Suite, Apt. #, etc. <b>Alt springs FL 32701</b>	26. Suite, Apt. #, etc. <b>221 forest Ave</b>
22. City & State <b>Alt spgs FL</b>	27. City & State <b>Alt spgs FL</b>
23. Zip <b>32701</b>	28. Zip <b>32701</b>
24. Country <b>Seminole</b>	29. Country <b>Seminole</b>

3. Date Incorporated or Qualified <b>02/04/1991</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-3046038</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**SMITH, DOUGLAS H.  
302 FOREST AVE  
ALTAMONTE SPRINGS FL 32701**  
**Charles Smith  
221 forest Ave  
Alt spgs FL 32701**

81. Name <b>Charles D Smith</b>	
82. Street Address (P.O. Box Number is Not Acceptable) <b>221 forest Ave</b>	
83. City <b>Altomonte spgs</b>	<b>32701</b>
84. State <b>FL</b>	85. Zip Code <b>32701</b>

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

*Charles D Smith*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**6/17/99**  
Date

12. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>SMITH, DOUGLAS H</b>	
STREET ADDRESS <b>302 FOREST AVE</b>	
CITY-ST-ZIP <b>ALTAMONTE SPRINGS, F</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>SMITH CHARLES D</b>	
STREET ADDRESS <b>9822 BALMORAL CIRCLE</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 the empowered.

SIGNATURE:

*Charles D Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/17/99**  
Date

**260 8940**  
Daytime Phone #

CR2E034 (11/98)