

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S54734** (6)

1. Corporation Name  
**HEARTWOOD 6, INC.**



Principal Place of Business: **1750 EAST SUNRISE BLVD. FORT LAUDERDALE FL 33304**  
 Mailing Address: **1750 EAST SUNRISE BLVD. FORT LAUDERDALE FL 33304**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/23/1991</b>	3a. Date of Last Report <b>05/22/1995</b>
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number <b>65-0294580</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
<b>CARVALHO, JEAN 1750 EAST SUNRISE BLVD. FORT LAUDERDALE FL 33304</b>		81. Name			
		82. Street Address (P.O. Box Number is Not Acceptable)			
		83. City			
		84. State	<b>FL</b>	85. Zip Code	

11. Pursuant to the provisions of Sections 607.0902 and 607.1505, 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 607.0905, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<b>LEVAN, ALAN</b>	12. NAME	
3. STREET ADDRESS	<b>1750 EAST SUNRISE BLVD.</b>	13. STREET ADDRESS	
4. CITY, ST, ZIP	<b>FORT LAUDERDALE FL</b>	14. CITY, ST, ZIP	
5. TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	<b>GRIECO, FRANK</b>	2.2 NAME	
7. STREET ADDRESS	<b>1750 EAST SUNRISE BLVD.</b>	2.3 STREET ADDRESS	
8. CITY, ST, ZIP	<b>FORT LAUDERDALE FL</b>	2.4 CITY, ST, ZIP	
9. TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	<b>ABER, WILLIAM L.</b>	3.2 NAME	
11. STREET ADDRESS	<b>1750 EAST SUNRISE BLVD.</b>	3.3 STREET ADDRESS	
12. CITY, ST, ZIP	<b>FORT LAUDERDALE FL</b>	3.4 CITY, ST, ZIP	
13. TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	<b>CARVALHO, JEAN</b>	4.2 NAME	
15. STREET ADDRESS	<b>1750 EAST SUNRISE BLVD.</b>	4.3 STREET ADDRESS	
16. CITY, ST, ZIP	<b>FORT LAUDERDALE FL</b>	4.4 CITY, ST, ZIP	
17. TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	<b>EANES, JASPER</b>	5.2 NAME	
19. STREET ADDRESS	<b>1750 EAST SUNRISE BLVD.</b>	5.3 STREET ADDRESS	
20. CITY, ST, ZIP	<b>FORT LAUDERDALE FL</b>	5.4 CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is 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 on Block 12 or Block 13 if changed, or on an affidavit with an address.

SIGNATURE: *Jeon Carvalho* 1/17/96 (954) 760-5018  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)