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Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90167 041 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # S54751

1. Corporation Name  
HEARTWOOD 14, INC.

Principal Place of Business  
1750 EAST SUNRISE BLVD.  
FORT LAUDERDALE FL 33304

Mailing Address  
1750 EAST SUNRISE BLVD.  
FORT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/23/1991

4. FEI Number  
65-0294578

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARVALHO, JEAN  
1750 EAST SUNRISE BLVD.  
FORT LAUDERDALE FL 33304

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME LEVAN, ALAN  
STREET ADDRESS 1750 EAST SUNRISE BLVD.  
CITY-ST-ZIP FORT LAUDERDALE FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME GRIECO, FRANK  
STREET ADDRESS 1750 EAST SUNRISE BLVD.  
CITY-ST-ZIP FORT LAUDERDALE FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE V  
NAME ABER, WILLIAM L.  
STREET ADDRESS 1750 EAST SUNRISE BLVD.  
CITY-ST-ZIP FORT LAUDERDALE FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DP  
NAME JOHN E ARDO  
STREET ADDRESS 1750 EAST SUNRISE BLVD.  
CITY-ST-ZIP FORT LAUDERDALE FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE T  
NAME EANES, JASPER  
STREET ADDRESS 1750 EAST SUNRISE BLVD.  
CITY-ST-ZIP FORT LAUDERDALE FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)