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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # V21531

(1)

HEAVEN	LY CORPORATION	OF SOUTHW	EST FLORIDA						
Principal Place	e of Business		Mailing Address				HAR IIII BIRA BIRII		
918-A S.E. 9TH LN.			918-A S.E. 9TH LN.						
CAPE CORAL F	·L 33990	C	APE CORAL FL 33990-3	035					
						3. Date Incorporated or Qua 03/13/1992		Date of Last R <b>/01/1996</b>	eport
2. Principal P	lace of Business	}- <b>-</b> -₁	Mailing Address			4. FEI Number		<u> </u>	plied For
1	41	26	Oute And House		<del></del>	65-0315624			t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desir	red 🔲	\$8.75 / Fee Re	
City & State		27	City & State			6 Fination Committee Finan			
3	•	28	)			Election Campaign Finan     Trust Fund Contribution		\$5.00 Added t	
Zip	Country		 Zip	Countr	У	8. This corporation has liabi	lity for intangible	· · · · · · · · · · · · · · · · · · ·	
4	25	29		30	•	Florida Statutes	X Yes		. 100.00L,
	9. Name and Addres		stered Agent			10. Name and Address of N	lew Registered	Agent	
SAB	O MICHAEL S			81	Name				
921 SE 4 ST			82		Street Ar	idress (P.O. Box Number is Not Ac	ccentable)		<del></del>
CAPI	E CORAL FL 33990				- CHOOLING				
				83					
				84	City			<b>85 Z</b> ip (	Code
					,		FL	<b>-</b> │	
11 Purcuent	to the provisions of Section	ons 607 0502 and t	607 1508 Florida Stati	ites the above	a-namori ca				
						orporation submits this statement for ration's board of directors. Thereby		pointment as	registered
SIGNATURE	Signature, typed or printed name	of registered agont and till	le diapplicable (NC	OTF: Registered Ag		quired when reinstating)	DATE		••••••
SIGNATURE	Signature, typed or printed name OF		le il applicable (NC .C1.ORS	DIE: Regiskired Ag			DATE	ND DIRECTOR	RS IN 12
SIGNATURE  12.  TITLE	Signature, typed or printed name OF	of registered agont and till	le diapplicable (NC	TE: Registered Ag	yent signature re	quired when reinstating)	DATE		••••••
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name OF	of registered agont and till	le il applicable (NC .C1.ORS	13. 1.1 TILE 1.2 NAME	jent signature re	quired when reinstating)	DATE	ND DIRECTOR	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name OF PDT SABO, MICHAEL S	of registered agont and till	le il applicable (NC .C1.ORS	13. 1.1 TILE 1.2 NAME 1.8 STREE	jent signature re	quired when reinstating)	DATE	ND DIRECTOR	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name OF POT SABO, MICHAEL S 921 SE 4 ST	of registered agont and till	le il applicable (NC .C1.ORS	13. 1.1 TILE 1.2 NAME	jent signature re	quired when reinstating)	DATE	ND DIRECTOR	RS IN 12
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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.

CONTRACTOR CONTRACTOR