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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V40632**

(4)

1. Corporation Name

HEARTWOOD 20, INC.

Principal Place of Business

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

Mailing Address

**1750 E. SUNRISE BLVD.
FT. LAUDERDALE FL 33304-3013**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

9. Name and Address of Current 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 607.0502 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **LEVAN, ALAN**
STREET ADDRESS **1750 E. SUNRISE BLVD.**
CITY- ST- ZIP **FT. LAUDERDALE FL**

TITLE **DP** ☐ DELETE
NAME **GRIECO, FRANK V.**
STREET ADDRESS **1750 E. SUNRISE BLVD.**
CITY- ST- ZIP **FT. LAUDERDALE FL**

TITLE **V** ☐ DELETE
NAME **ABER, WILLIAM L.**
STREET ADDRESS **1750 E. SUNRISE BLVD.**
CITY- ST- ZIP **FT. LAUDERDALE FL**

TITLE **S** ☐ DELETE
NAME **CARVALHO, JEAN**
STREET ADDRESS **1750 E. SUNRISE BLVD.**
CITY- ST- ZIP **FT. LAUDERDALE FL**

TITLE **T** ☐ DELETE
NAME **EANES, JASPER R**
STREET ADDRESS **1750 E SUNRISE BLVD**
CITY- ST- ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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.

SIGNATURE:

JEAN CARVALHO **JEAN CARVALHO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Apr 02 1997 8:00am
Secretary of State



CR2E034 (9/96)

2/26/97 **(954) 760 5018**
Date Daytime Phone #

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