FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 9:47

DOCUMENT # **V60767** **(3)**

1. Corporation Name
HEART AND ASSOCIATES CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
4695 ULMERTON RD. SUITE 440 CLEARWATER FL 34622	4695 ULMERTON RD. SUITE 440 CLEARWATER FL 34622

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/31/1992
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business	2a. Mailing Address
21 2830 Scherer Dr.	26 2830 Scherer Dr.
Suite, Apt. #, etc. 22 Suite 320	Suite, Apt. #, etc. 27 Suite 320
City & State 23 St. Petersburg, FL.	City & State 28 St. Petersburg, FL.
Zip / Country 24 33716 / 25 USA	Zip / Country 29 33716 / 30 USA

4. FEI Number: 65-0355525 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CABRERO, ORLANDO
2100 CORAL WAY STE-600
MIAMI FL 33145

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	11 TITLE	☐ Change ☐ Addition
NAME	SHUFRO-ESPINOSA, JOYCE	12 NAME	
STREET ADDRESS	1514 GULF BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	TEPPER, SONDRA	22 NAME	
STREET ADDRESS	1514 GULF BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	CABRERA, ORLANDO J	32 NAME	
STREET ADDRESS	2100 CORAL WAY STE-600	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CABRERA, ORLANDO J	42 NAME	
STREET ADDRESS	7990 S.W. 57TH AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 added by attachment with an asterisk.

SIGNATURE: _____ SONDRA TEPPER 4/5/95 (813)572-8022
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000170 OP