

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

APPROVED  
AND  
FILED

55 MAY - 1 PM 2: 35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **K45946** (6)

1. Corporation Name:  
**FLP INVESTMENT CORP.**

Principal Place of Business: **C/O JE HERON PRES  
P.O. BOX 2973  
PALM BEACH FL 33480**

Mailing Address: **C/O JE HERON PRES  
P.O. BOX 2973  
PALM BEACH FL 33480**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/10/1988**      3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0084177**      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 § 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**      2a. Mailing Address: **26**

Suite, Apt. # etc.      Suite, Apt. # etc.

City & State: **22**      City & State: **27**

Zip: **24**      Country: **30**

9. Name and Address of Current Registered Agent      10. Name and Address of New Registered Agent

**HERON, JEAN E.  
232 AUSTRALIAN AVE  
PALM BEACH FL 33480**

**B1** Name: \_\_\_\_\_

**B2** Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_

**B3** \_\_\_\_\_

**B4** City: \_\_\_\_\_

**B5** Zip Code: **FL**

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, Chapter 607, Florida Statutes.

SIGNATURE: *Jan E. Heron as President*

425-95

12. OFFICERS AND DIRECTORS

TITLE	<b>PS</b>
NAME	<b>HERON, JEAN E.</b>
STREET ADDRESS	<b>232 AUSTRALIAN AVE</b>
CITY, ST, ZIP	<b>PALM BCH. FL</b>
TITLE	<b>VT</b>
NAME	<b>CONNICK, GIRARD B.</b>
STREET ADDRESS	<b>232 AUSTRALIAN AVE</b>
CITY, ST, ZIP	<b>PALM BCH. FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(1)(b), 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. 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: *Jan E. Heron as President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JEAN E. HERON AS PRESIDENT**

425-95 407-65-3127  
Date: \_\_\_\_\_