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Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N94000000498 (5)

Corporation Name

HERITAGE PRESERVATION ASSOCIATION OF FLORIDA INC



Principal Place of Business

Mailing Address

P.O. BOX 10088  
TAMPA FL 33679

P.O. BOX 10088  
TAMPA FL 33679

3. Date Incorporated or Qualified

02/01/1994

4. FEI Number

59-3223511

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE FL 32301

81 Name

A. Martin Stepak

82 Street Address (P.O. Box Number is Not Acceptable)

4895 W. McElroy Ave.

83

84 City

Tampa

FL

85 Zip Code  
33611

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/28/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME STEPAK, E.  
STREET ADDRESS P.O. BOX 540325 N/A  
CITY-ST-ZIP LAKE WORTH FL

TITLE D  
NAME PIZZUTO, P  
STREET ADDRESS 1201 HAYS ST.  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE D  
NAME STEPAK, MARTIN A  
STREET ADDRESS 4895 W. MCELROY AVE.  
CITY-ST-ZIP TAMPA FL 33611

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE D  
1.2 NAME STEPAK, E.  
1.3 STREET ADDRESS 4895 W. McElroy Ave.  
1.4 CITY-ST-ZIP Tampa, FL 33611

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

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

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

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

2/28/98

813-831-7434

CR2E037 (10/97)