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Mar 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000001588 (2)

1. Corporation Name

HERITAGE PROPERTY MANAGEMENT, INC.

Principal Place of Business

450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920
US

Mailing Address

450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/03/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3133915	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Zip	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

POPP, GREGORY A
101 GEORGE KING BLVD., SUITE 4
CAPE CANAVERAL FL 32920

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	
NAME	MCPHILLIPS, MICHAEL F	1.2 NAME	
STREET ADDRESS	450 CHALLENGER ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	MCPHILLIPS, JACQUELINE	2.2 NAME	D/V/S/T Jacqueline McPhillips
STREET ADDRESS	450 CHALLENGER ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	
NAME	VERMALES, PEDRO E	3.2 NAME	
STREET ADDRESS	450 CHALLENGER ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	MCCURDY, RONALD E	4.2 NAME	
STREET ADDRESS	1710 LARCHMONT COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	HARTMAN, MICHAEL A	5.2 NAME	Michael A. Hartman
STREET ADDRESS	450 CHALLENGER ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL 32952	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	
NAME	COLVARD, KERR-HULL, ALISON	6.2 NAME	Alison Kerr-Hull Colvard
STREET ADDRESS	450 CHALLENGER ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael A. Hartman, V.P.*

CR2E034 (10/97)