

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Mar 31 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000010942 (7)
1. Corporation Name
HERITAGE HOLLOW INC.



Principal Place of Business: **22048 AQUA COURT BOCA RATON FL 33428**
Mailing Address: **22048 AQUA COURT BOCA RATON FL 33428-4705**

3. Date Incorporated or Qualified: **02/06/1995**
3a. Date of Last Report: **08/28/1996**

2. Principal Place of Business
21. **797 Camino Lakes Cir**
22. Suite Apt. # etc.
23. **BOCA RATON, FLA.**
24. Zip **33486** Country **Palm Beach**

2a. Mailing Address
26. **797 Camino Lakes Cir**
27. Suite, Apt. #, etc.
28. **BOCA RATON, FLA.**
29. Zip **33486** Country **Palm Beach**

4. FEI Number: **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
**EIGEN, DAVID G
22048 AQUA COURT
BOCA RATON FL 33428**

10. Name and Address of New Registered Agent
81. Name: **WENISCH, FREDERICK**
82. Street Address (P.O. Box Number is Not Acceptable): **797 CAMINO LAKES CIR**
83.
84. City: **BOCA RATON** FL 85. Zip Code: **33486**

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: *Frederick Wenisch Sr* **FREDERICK WENISCH SR** ^{PRES} **3-25-97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	SDT	<input type="checkbox"/> DELETE
NAME	EIGEN, DAVID G	
STREET ADDRESS	22048 AQUA COURT	
CITY - ST - ZIP	BOCA RATON FL 33428	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WENISCH, FREDERICK	
STREET ADDRESS	797 CAMINO LAKES BLVD.	
CITY - ST - ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S.D.T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WENISCH, PATRICIA	
1.3 STREET ADDRESS	797 CAMINO LAKES CIR.	
1.4 CITY - ST - ZIP	BOCA RATON, FL. 33486	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Frederick Wenisch Sr* **FREDERICK WENISCH SR** ³⁻²⁵⁻⁹⁷ **954 785-2985**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)