

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

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May 02 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 # P95000015722 (8)

1. Corporation Name
FLORIDA HERITAGE INVESTMENTS, INC.



Principal Place of Business: 619 ATLANTIC BLVD ATLANTIC BEACH FL 32233
Mailing Address: 619 ATLANTIC BLVD ATLANTIC BEACH FL 32233-4025

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	02/24/1995	04/26/1996
22. City & State	27. City & State	4. FEI Number	Applied For
23. Zip	28. Zip	59-3301846	Not Applicable
24. Country	29. Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

MONAHAN, JOHN J JR
617 ATLANTIC BLVD
ATLANTIC BEACH FL 32233

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	FL
B3	
B4 City	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP MONAHAN, JOHN J JR 617 ATLANTIC BLVD ATLANTIC BEACH FL 32233	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	DS MONAHAN, JOHN J JR 617 ATLANTIC BLVD ATLANTIC BEACH FL	1.2 NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS	DT MONAHAN, JOHN J JR 617 ATLANTIC BLVD JACKSONVILLE FL	1.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
CITY - ST - ZIP		1.4 CITY - ST - ZIP	ATLANTIC BEACH FL 32233
TITLE		2.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME		2.2 NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS		2.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE		3.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME		3.2 NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS		3.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE		4.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME		4.2 NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS		4.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME		5.2 NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS		5.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME		6.2 NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS		6.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>

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: Sandra B. Mortham SECRETARY OF STATE, MONAHAN JR 4/25/97 904-246-1003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)