

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000036698 (5)**

1. Corporation Name

**HERITAGE PARTNERS GROUP XXI, INC.**



Principal Place of Business

Mailing Address

101 GEORGE KING BLVD.  
SUITE 4  
CAPE CANAVERAL FL 32920

101 GEORGE KING BLVD.  
SUITE 4  
CAPE CANAVERAL FL 32920

3. Date Incorporated or Qualified <b>05/09/1995</b>	3a. Date of Last Report
4. FEI Number <b>59-3312768</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> X	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address		
21 450 Challenger Road	26 450 Challenger Road		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 N/A	27 N/A		
City & State	City & State		
23 Cape Canaveral, FL	28 Cape Canaveral, FL		
Zip	Country	Zip	Country
24 32920	25 Brevard	29 32920	30 Brevard

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
POPP, GREGORY A 101 GEORGE KING BLVD. SUITE 4 CAPE CANAVERAL FL 32920				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)	450 Challenger Road		
				83			
				84 City	Cape Canaveral	85 Zip Code	FL 32920

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent's signature required when reappointing.)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition on		
NAME	MCPHILLIPS, JACQUELINE		1.2 NAME				
STREET ADDRESS	101 GEORGE KING BLVD., SUITE 4		1.3 STREET ADDRESS	450 Challenger Road			
CITY - ST - ZIP	CAPE CANAVERAL FL 32920		1.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY - ST - ZIP			2.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY - ST - ZIP			3.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY - ST - ZIP			4.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - ST - ZIP			6.4 CITY - ST - ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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: *Jacqueline McPhillips* DATE: *4/3/96*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Jacqueline McPhillips  
Phone: (407) 799-4090

CR2E034 (12/95)