

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90044 020 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000032146  
 1. Corporation Name  
 HERITAGE INTERNATIONAL COMMUNICATIONS, INC.



Principal Place of Business  
 1600 W. EAU GALLIE BLVD.  
 MELBOURNE FL 32935

Mailing Address  
 1600 W. EAU GALLIE BLVD.  
 MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 04/06/1998

4. FEI Number  
 59-3501325

Applied For  
 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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country

9. Name and Address of Current Registered Agent  
 CARRAWAY, JAMES D  
 1600 W. EAU GALLIE BLVD.  
 MELBOURNE FL 32935

10. Name and Address of New Registered Agent  
 81 Name  
 William C. Potter  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 Potter, McClelland, Marks & Healy P.A.  
 83  
 700 S. Babcock St., #400  
 84 City  
 Melbourne, FL 32901 FL 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 607.0508, Florida Statutes.

SIGNATURE William C. Potter DATE 02/23/99

| 12. OFFICERS AND DIRECTORS                 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|--|--|---|---|
| TITLE<br>D                                 | <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br>CARRAWAY, JAMES D                  |  | 1.2 NAME  |   |
| STREET ADDRESS<br>1600 W. EAU GALLIE BLVD. |  | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP<br>MELBOURNE FL 32935          |  | 1.4 CITY-ST-ZIP                                       |   |
| TITLE<br>D                                 | <input type="checkbox"/> DELETE            | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br>TOLLEY, WILLIAM R                  |  | 2.2 NAME  |   |
| STREET ADDRESS<br>1600 W. EAU GALLIE BLVD. |  | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP<br>MELBOURNE FL 32935          |  | 2.4 CITY-ST-ZIP                                       |   |
| TITLE<br>D                                 | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br>JONES, BILLY C                     |  | 3.2 NAME  |   |
| STREET ADDRESS<br>5773 NEWBURY CIRCLE      |  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP<br>MELBOURNE FL 32901          |  | 3.4 CITY-ST-ZIP                                       |   |
| TITLE<br>D                                 | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br>ANDERSON, DELWYN D                 |  | 4.2 NAME  |   |
| STREET ADDRESS<br>1414 GLENEAGLES WAY      |  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP<br>ROCKLEDGE FL 32955          |  | 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 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, with all other like empowered.

SIGNATURE: William R. Tolley WILLIAM R. TOLLEY 2/23/99 407 7529464  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (11/98)