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FILED
Jan 23 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 # G12864 (6)

1. Corporation Name
HEIDGERD, MARTIN & BENNIS, P.A.



Principal Place of Business: % FREDERICK C. HEIDGERD, 800 S.E. 3RD AVE., #300, FT. LAUDERDALE FL 33316

Mailing Address: % FREDERICK C. HEIDGERD, 800 S.E. 3RD AVE., #300, FT. LAUDERDALE FL 33316-1193

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	22	26	27	12/10/1982	01/24/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
City & State		City & State		59-2240708	Not Applicable
23	24	28	29	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	Country	Zip	Country	<input type="checkbox"/>	<input type="checkbox"/>
25	25	30	30	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	<input type="checkbox"/>
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
HEIDGERD, FREDERICK C. 800 S.E. 3RD AVE., #300 FT. LAUDERDALE FL 33316				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
HEIDGERD, FREDERICK C. 800 S.E. 3RD AVE., #300 FT. LAUDERDALE FL 33316			81	Name	
			82	Street Address (P.O. Box Number is Not Acceptable)	
			83		
			84	City	85 Zip Code
				FL	

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 required for all forms of registered agent and title applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS HEIDGERD, FREDERICK C 800 S.E. 3RD AVE., #300 FT LAUDERDALE, FL 00000	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DVT MARTIN, ROBERT C. 800 S.E. 3RD AVE., #300 FT. LAUDERDALE FL	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	DV BENNIS, RANDY M 800 SE 3RD AVE #300 FT LAUDERDALE FL	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 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 in an attachment with an address.

SIGNATURE: *Robert C. Martin* **ROBERT C. MARTIN** 1-14-97 5245331 (944)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)