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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 299622

(1)

HEATHERINGTON MACHINE CORPORATION

										i libili ifili	
Principal Place of Business Mailing Address							F CARRES INTERN COURS (ALINE MANNE LIBER ALINE) ONDER RANDIN BANK RANDIN DIGHT ERROR				
3123 SHADER RD ORLANDO FL 32808			31.23 SHADER RD ORLANDO FL 32808-3923								
US		US									
							3. Date Incorporated or Qualified		te of Last F	Report	
					····		12/10/1965	04/1	6/1996		
	race of Business	h	Mailing Address				4. FEI Number			pplied For	
21	H ata	26	Suite Apt. #, etc.				59-1110181			ot Applicable	
Suite, Apt		27					5. Certificate of Status Desired			Additional equired	
City & Stat	ϵ	ļı	City & State				6. Election Campaign Financing			May Be	
23		28	7.15	T ~~	untry		Trust Fund Contribution			to Fees	
Zip	Country	$\vdash \neg$	Zip	30	unay	'	8. This corporation has liability for a Florida Statutes		tax under s] No	3. 199.032,	
24	25 9. Name and Address of Current	29 Regist	ered Anent	30	Т		10. Name and Address of New Rec				
8447		· · · · · ·	orou rigorii		81	Name	10, ratio and Australia at their hadianist utality				
MATEER, WILLIAM G											
140 S COURT ST ORLANDO FL 32801					82	Street Addr	ess (P.O. Box Number is Not Acceptable)				
ORL	ANDO FL 32001				83						
					84	City		FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 60	17.1508, Florida Statu	ites, the a	bov	e-named corp	poration submits this statement for the prior ion's board of directors. I hereby accept		changing i	its registered	
onice or r agent. La	registered agent, or both, in the state of im familiar with, and accept the obligat	ions of,	Section 607,0505, F	lorida Sta	tute:	y the corporat s.	ion's board of directors. Thereby accep	it trie alpho	лиштиенц ав	; registereo	
SIGNATURE	_									•	
O'CH U CHE	Signature, typed or printed name of registered agent	and title	Lapplicable (NC			ent signature requir	red when re-nstating)	DATE			
12.	OFFICERS AND	DIREC		13.			ADDITIONS/CHANGES TO OFFIC				
TITLE	D:		DELETE		IITLE				Change	Addition	
NAME	HEATHERINGTON JR,MARK W			1	VAME			•			
STREET ADDRESS ;	3123 SHADER ROAD					F ADDRESS					
CITY-ST-ZIP	ORLANDO FL		DELETE			ST-ZIP			Change	Addition	
TITLE	D		□ DELETE	2.11					Cusude	L.J Addition	
NAME OFFICE ADDRESS	HEATHERINGTON, CLAIRE H 3123 SHADER ROAD				VAME						
STREET ADDRESS	ORLANDO FL					T ADDRESS				ļ	
CHY-ST-ZIP TITLE	S		DELETE	3.11	***********	ST-ZIP			☐ Change	Addition	
NAME	THOMPSON, CLAUDIA				NAME						
STREET ADDRESS	3123 SHADER ROAD					ADDRESS					
CITY - ST - 7IP	ORLANDO FL					ST-ZIP					
TITLE	P		DELETE		IITLE	31-211			Change	Addition	
NAME	HEATHERINGTON, MARK W.				NAME	ŀ				_	
STREET ADDRESS				•		T ADDRESS					
CITY-ST-ZIP	ORLANDO FL					ST-ZIP				l	
TITLE	<u> </u>		DELETE	_	TITLE	51 EII	TOTAL	·····	Change	Addition	
NAME:					NAME						
STREET ADDRESS						T ADDRESS					
CITY - S1 - ZIP						ST-ZIP					
THELE		·····	DELETE		TITLE				Change	Addition	
NAME				6.21	NAME					ļ	
STREET ADDRESS				E		T ADORESS					

14. I do hereby cert fy 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.