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

PROFIT CORPORATION ANNUAL REPORT

1997

HEILIG, JOHN K. 2100 S. OCEAN LANE

APARTMENT 707

FT. LAUDERDALE FL 33316



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 381815

(0)

	ration Name	(0)			
Principal Place of Business		Mailing Address			
700 N.W. 57TH COURT FT. LAUDERDALE FL 33309		700 N.W. 57TH COURT FT. LAUDERDALE FL 33308-2028			
			3. Date Incorporated or Qualified		
2. Principal Place of Business		2a. Mailing Address	4. FEI Number Applied Fo	or	
21		26	59-1346977 Not Applic	able	
Suite,	Apt #, etc	Suite, Apt. #, etc.	5. Certificate of Status Desired \$8.75 Additional Fee Required	al	
City & 23	State	City & State	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Z _{ID}	Country 25	Zip Country 29 30	8. This corporation has liability for intangible tax under s. 199.03: Florida Statutes Yes No	2,	
	9 Name and Address of Curre	nt Begistered Agent	10 Name and Address of New Penistered Agent		

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.

82

83

84 City

Street Address (P.O. Box Number is Not Acceptable)

CIONATURE		505, Florida Statules.	poration's board of directors, I hereby accept the appointment as	registered
SIGNATORE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signatur	e required when reinstating) DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12
1111.1	PD DEL	ETE 1.1 TITLE	Change	Addition
NAME	HEILIG, JOHN	1.2 NAME		
STREET ADDRESS	2100 S. OCEAN LANE	1.3 STREET ADDRESS		
CITY - ST - 7IP	FT. LAUDERDALE FL	1.4 CITY - ST - ZIP		
THUE	DELL DELL	ETE 21 TITLE	☐ Change	☐ Addition
NAME	HEILIG,MARIAN S.	2.2 NAME		
STREET ADDRESS	2100 S. OCEAN LANE	2.3 STREET ADDRESS		
CITY - S1 - ZiP	FORT LAUDERDALE FL	2 4 CITY-ST-ZIP		
1111.5	D DEL	ETE 3.1 TITLE	☐ Change	Addition
NAME	LUTGERT, BEVERLY	3.2 NAME		
STREET ADDRESS	4100 GULF SHORE BLVD	3.3 STREET ADDRESS		
City - ST-ZiP	NAPLES FL	3.4. CITY-\$1-ZIP		
TITLE	☐ DELI	ETE 4.1 TITLE	Change	Addition
NAME		4. 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY - ST - ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DEU	ETE 5.1 TITLE	☐ Change	Addition
NAME		5.2 NAME		
STREET ACCIDESS		5.3 STREET ADDRESS		
City - ST - ZiF		5.4 CITY-ST-ZIP	<u></u>	
THILE	□ DELI	TE 6.1 TITLE	☐ Change	Addition
NAME		62 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
C(TY+S1+Z)P		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 improvered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

SIGNATURE:

SHATUME AND TYPES OF POINTED WAME OF SIGNING OFFICER OR DIRECTO

Up 1/0,/997 772-8776

FILED

Apr 14 1997 8:00am

Secretary of State

Zip Code