

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # 435812

(3)

1. Corporation Name:

HERTAN ENTERPRISES, INC.

05 MAY 10 11:10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Previous Address		Mailing Address	
3000 NORTHEAST 30TH PLACE, SUITE 405 FT. LAUDERDALE FL 33306		3000 NORTHEAST 30TH PLACE, SUITE 405 FT. LAUDERDALE FL 33306	
2. Mailing Address Established:		28. Mailing Address	
21	26	27	28
Address Appt. # or	Address Appt. # or	City & State	City & State
22	29	30	31
City & State	City & State	Country	Country
24. 26		29. 30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HERTAN, RICHARD L. 3000 NORTHEAST 30TH PLACE, SUITE 405 FT. LAUDERDALE FL 33306		81	Name
		82	Street Address, P.O. Box Number is Not Acceptable
		83	
		84	City FL Zip Code

11. Pursuant to the provisions of Sections 605, 607, and 608, Florida Statutes, the above named corporation submits the 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, in accordance with the requirements of Section 608, Florida Statutes.

STATEMENT

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PD	NAME	1. PD	Change Add
HERTAN, RICHARD L.		1. NAME	
3000 N.E. 30TH PL., #405		1. ADDRESS	
FT. LAUDERDALE FL		1. CITY, ST, ZIP	
VD	NAME	2. VD	Change Add
HERTAN, WILLIAM A.		2. NAME	
2864 N.E. 26TH STREET		2. ADDRESS	
FT. LAUDERDALE FL		2. CITY, ST, ZIP	
ED	NAME	3. ED	Change Add
		3. NAME	
		3. ADDRESS	
		3. CITY, ST, ZIP	
MM	NAME	4. MM	Change Add
		4. NAME	
		4. ADDRESS	
		4. CITY, ST, ZIP	
MM	NAME	5. MM	Change Add
		5. NAME	
		5. ADDRESS	
		5. CITY, ST, ZIP	
MM	NAME	6. MM	Change Add
		6. NAME	
		6. ADDRESS	
		6. CITY, ST, ZIP	
14. I declare under penalty of perjury that the information supplied with this filing is accurately formulated and does not qualify for the exemption stated in Section 109 of the Florida Statutes. I further certify that the information indicated in 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 either a director or the officer in charge of the corporation (or both) to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in block 1, or in block 13, of the original or an amendment thereto, as follows:			

SIGNATURE:

INK COLOR AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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