


FILED

Apr 23 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">1997</div>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <b>DOCUMENT # 537946</b>            1. Corporation Name  <b>HEIDE'S BUSINESS SERVICE, INC.</b> </div> <div style="font-size: 2em; font-weight: bold;">(6)</div> </div>		
Principal Place of Business <b>823A N. COCOA BLVD.</b> <b>P.O. BOX 1015</b> <b>COCOA FL 32922</b>		Mailing Address <b>823A N. COCOA BLVD.</b> <b>P.O. BOX 1015</b> <b>COCOA FL 32922-7572</b>
<b>2. Principal Place of Business</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>21</b> Suite, Apt #, etc.   <b>22</b> City &amp; State   <b>23</b> Zip  <b>24</b> Country         </div> <div style="width: 48%;"> <b>2a. Mailing Address</b>  <b>26</b> Suite, Apt #, etc.   <b>27</b> City &amp; State   <b>28</b> Zip  <b>29</b> Country         </div> </div>		
<b>9. Name and Address of Current Registered Agent</b>		
<b>HEIDE, RUDOLPH E.</b> <b>823A N. US #1</b> <b>COCOA FL 32922</b>		<b>81</b> Name <b>82</b> Street Address <b>83</b> <b>84</b> City
<b>11.</b> Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corp office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		
SIGNATURE _____ (NOTE: Registered Agent signature required)		
<b>12. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>PD</b> <b>HEIDE, RUDOLPH E.</b> <b>1328 AUDUBON DRIVE</b> <b>COCOA FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>STD</b> <b>HEIDE, NORMA M.</b> <b>1328 AUDUBON DRIVE</b> <b>COCOA FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>VD</b> <b>OLSEEN, BRUCE E</b> <b>4080 RHONDA COURT</b> <b>MERRITT ISL. FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>D</b> <b>OLSEEN, HEIDE M.</b> <b>4080 RHONDA COURT</b> <b>MERRITT ISL. FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> DELETE
<b>13.</b>		
	1.1 TITLE	
	1.2 NAME	
	1.3 STREET ADDRESS	
	1.4 CITY-ST- ZIP	
	2.1 TITLE	
	2.2 NAME	
	2.3 STREET ADDRESS	
	2.4 CITY-ST- ZIP	
	3.1 TITLE	
	3.2 NAME	
	3.3 STREET ADDRESS	
	3.4 CITY-ST- ZIP	
	4.1 TITLE	
	4.2 NAME	
	4.3 STREET ADDRESS	
	4.4 CITY-ST- ZIP	
	5.1 TITLE	
	5.2 NAME	
	5.3 STREET ADDRESS	
	5.4 CITY-ST- ZIP	
	6.1 TITLE	
	6.2 NAME	
	6.3 STREET ADDRESS	
	6.4 CITY-ST- ZIP	
<b>14.</b> I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.		
<b>SIGNATURE:</b> _____ <b>RE HEIDE</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



CR2E034 (9/96)