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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 537946

(6)

HEIDE'S BUSINESS SERVICE, INC.

FILED
Apr 23 1997 8:00am
Secretary of State

Principal Place of Business 823A N. COCOA BLVD. P.O. BOX 1015 COCOA FL 32822		Mailing Address 823A N. COCOA BLVD. P.O. BOX 1015 COCOA FL 32922-7572		(00) 01			
OUCUA FL 328	u	GOODA PL 32822-7572		3. Date Incorporated or Qualified 06/24/1977 3a. Date of Last Report 04/19/1996		Report	
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For
21	<del></del>	26				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired		5 Additional Required	
City & State		City & State		····		<del></del>	
	;	28			6. Election Campaign Financing Trust Fund Contribution		May Be od to Fees
2ip			Count	γ	8. This corporation has liability for		
4	25	29	30	•		Yes No	a. 155.032.,
7.1	9. Name and Address of Cur		1001		10. Name and Address of New Re		
HEID	E, RUDOLPH E.		8	Name			
	N. US #1		8:	Ctrool Ade	fress (P.O. Box Number is Not Acceptat	alo)	
COCOA FL 32922			10,	s Sileer Auc	iress (P.O. Box Number is Not Acceptat	ne)	
• • • • • • • • • • • • • • • • • • • •			8:	3			***************************************
			8	4 Aa.		60  7	ip Code
			9	4 City		FL B5 Z	p Code
SIGNATURE	Signature: Typed or product came of registerio	Lagren and title it applicable. (N AND DIRECTORS	OTE: Registered A	gent signature requ	ulred when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECT	ORS IN 12
12. 1004	PD	AND DIRECTORS  DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Chang	
NAME	HEIDE, RUDOLPH E.		1.2 NAMI				1,000
STREET ADDRESS	1328 AUDUBON DRIVE		•	ET ADDRESS			
CITY-ST ZiP	COCOA FL		1.4 DITY	1	•		
MILE	STD	☐ DELETE	2.1 TITLE			☐ Chang	je 🔲 Additio
NAME	HEIDE, NORMA M.		2.2 NAM	:			
STREET ADDRESS	1328 AUDUBON DRIVE		2.3 STRE	ET ADDRESS			
COTY - ST - ZOP	COCOA FL		2. 4 CITY				
TITLE	VO	DELETE	3.1 TITLE			Chang	e Addition
NAME	OLSEEN, BRUCE E		3.2 NAM	:			
STREET ADORESS	4080 RHONDA COURT		3.3 STRE	ET ADDRESS			
CITY-ST-7IP	MERRITT ISL. FL		3.4, CITY	-ST-ZIP			
TITLE	D	<b>□</b> ∂£LETE	4.1 TITLE			☐ Chang	je 🔲 Additio
NAME	OLSEEN, HEIDE M.		4. 2 NAM	E			
STREE: ADDRESS	4060 RHONDA COURT		4.3 STRE	ET ADDRESS			
DITY-ST ZIP	MERRITT ISL. FL		4,4 CITY	-ST - ZIP			
TITLE			5.1 TITLE	_		Chang	ge 🔲 Additio
NAME			5.2 NAM				
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CiTY-S1-ZIP			5.4 CITY				
TILLE		DELETE	6.1 TITLE			Chang	ge Additio
NAME			6.2 NAM	E			
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CHTY - 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 on an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17.97

407.631.0220

/time Phone #