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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

580193

(1)

HELLER INVESTMENT CORPORATION

Mailing Address

Principal Place of Business	cipal Place of Business Mailing Address			4 taking ofsur i billi opion sloam suride ster midit debit d'has Bibit d'ant arbit 1847				
14499 N DALE MABRY HWY STE. 230 TAMPA-FL 33618	30 STE. 230			DO NOT WRITE IN THIS SPACE				
AMPA FL 33618 TAMBA FL 33618			3. Date Incorporated or Qualified					
·				".				
2. Principal Place of Business	2a. Mailing Address			_	07/26/1978 FEI Number	—	-1.	
21 800) N. DALE MABRY	26 800/ H. DALE MA	43R	<i>)</i>	4.	59-1838646	}		plied For t Applicable
Suite, Apt. #, etc. 22 SUIE SOIK	Suite, Apt. #, etc. 27 SUITE SOI	K		5.	Certificate of Status Desired		3.75 A	dditional quired
City & State 7 TAMPA, FC	City & State ZMPA, F	P		1	Election Campaign Financing Trust Fund Contribution		5.00 1 Added to	May Be Fees
Zip Zip Country 25 HILL(BOENG)	29 336/4 30 H	untry 11	s Bolou64		This corporation owes or has paid the cur Personal Property Tax due June 30.	rent y Yes		ingible No
g. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
INGLIS, JOHN S.			81 Name					
101 E KENNEDY BLVD., STE 2500 TAMPA FL 33602		82	82 Street Address (P.O. Box Number is Not Acceptable)					
		83						
		84	City		FL	85	Zip C	
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.								
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when rainstating) DATE OFFICERS AND DIRECTORS								

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition NAME HELLER, RONALD A 12 NAME 4515 GULFWINDS DR STREET ADDRESS 1.3 STREET ADDRESS **LUTZ FL** CITY-ST-ZIP 1,4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition HELLER, LEILA NAME 2.2 NAME 4515 GULFWINDS DR STREET ADDRESS 2.3 STREET ADDRESS CITY - ST- ZIP LUTZ FL 2. 4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change ___ Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filling 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:

- NATUREREZIA HELL -ROMANO A HELLE

Day 7 1998

FILED

Jan 20 1998 8:00am

Secretary of State