

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90045 025 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **589946**

1. Corporation Name  
**HERITAGE SQUARE, INC.**



Principal Place of Business  
**825 BRICKELL BAY DR  
 TOWER III, STE. 1643  
 MIAMI FL 33131  
 US**

Mailing Address  
**825 BRICKELL BAY DRIVE  
 TOWER III, STE. 1643  
 MIAMI FL 33131  
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 [ ]  
 Suite, Apt. #, etc.  
 22 [ ]  
 City & State  
 23 [ ]  
 Zip Country  
 24 [ ] 25 [ ]

2a. Mailing Address  
 26 [ ]  
 Suite, Apt. #, etc.  
 27 [ ]  
 City & State  
 28 [ ]  
 Zip Country  
 29 [ ] 30 [ ]

3. Date Incorporated or Qualified  
**10/26/1978**

4. FEI Number  
**59-1858428**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**MEDELSON, LAURANS A  
 825 S BAYSHORE DR 1643  
 MIAMI, FLA  
 MIAMI, FL 33131**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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. (NOT Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MENDELSON, LAURENS, A</b>	
STREET ADDRESS	<b>825 S BAYSHORE DR 1643</b>	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MENDELSON, ARLENE</b>	
STREET ADDRESS	<b>825 S BAYSHORE DR 1643</b>	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>VETTER, JUDITH</b>	
STREET ADDRESS	<b>825 S BAYSHORE DR</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: *Laurans A. Mendelson* Laurans A. Mendelson 4/22/99 (305) 374-1744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)