


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 739219 (4) 1. Corporation Name THE JOINT HEIRS, INCORPORATED			
Principal Place of Business 8331 57TH ST. NORTH PINELLAS PARK FL 34665		Mailing Address 8331 57TH ST. NORTH PINELLAS PARK FL 33781-1460	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 06/03/1977		3a. Date of Last Report 02/26/1996	
4. FEI Number 59-1862929		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent RICE, ALLEN 8331-57TH ST. NO. PINELLAS PARK FL 34665		10. Name and Address of New Registered Agent 81 Name EDWARD GONZALEZ 82 Street Address (P.O. Box Number is Not Acceptable) 3589 7TH AVE., S.E. 83 LARGO 84 City FL 85 Zip Code 33771	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE <i>Edward Gonzalez</i> EDWARD GONZALEZ DATE 2-12-97 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input checked="" type="checkbox"/> DELETE NAME RICE, ALLEN STREET ADDRESS 8331 57TH ST NO CITY-ST-ZIP PINELLAS PARK FL	1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME GONZALEZ, EDWARD 1.3 STREET ADDRESS 3589 7TH AVE., S.E. 1.4 CITY-ST-ZIP LARGO, FL. 33771		
TITLE STD <input checked="" type="checkbox"/> DELETE NAME RICE, MARILYN STREET ADDRESS 8331 57TH ST NO CITY-ST-ZIP PINELLAS PARK FL	2.1 TITLE STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME PIERCE, PAUL L. 2.3 STREET ADDRESS 8224 128TH ST 2.4 CITY-ST-ZIP SEMINOLE, FL. 34646		
TITLE VD <input checked="" type="checkbox"/> DELETE NAME RICE, ALLEN JR. STREET ADDRESS 8331-57TH STREET, N. CITY-ST-ZIP PINELLAS PARK FL	3.1 TITLE VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME GONZALEZ, MARY 3.3 STREET ADDRESS 3589 7TH AVE., S.E. 3.4 CITY-ST-ZIP LARGO, FL. 33771		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: <i>Edward Gonzalez</i> EDWARD GONZALEZ DATE 2-12-97 (813) 530-1020 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0052133</small>			

CR2E037 (9/96)