FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

F95000003454 (4)

THE HERITAGE GROUP OF DELAWARE, INC.

RE, INC.

FILED
Mar 13 1996 8:00 am
Secretary of State

Principal Place	of Business	Mailing Address				
3030 BRIDGEWAY STE 110 SAUSALITO CA 94965			3030 BRIDGEWAY STE 110 SAUSALITO CA 94965			
			,		3. Date Incorporated or Qualified 07/19/1995	3a. Date of Last Report
2. Principal Place of Business		F 1	2a. Mailing Address al		4. FET Number Applied For Not Applied by Not Applied For	
Scute, Apt. #, etc.		26 Suite, Apt. #,	Suite, Apt. #, etc.		52-1646092	\$8.75 Additional
22		27			Certificate of Status Desired	Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zipi Lad	Country	Zip	Count	ry	8. This corporation has liability for Florida Statutes Yes	intangible tax under s=199.032, ☐ No
24	25 9. Name and Address of Curr	29 rent Registered Agent	[30]		10. Name and Address of New R	
			6	1 Name		
SLIVKA, WILLIAM			Ē	Street Addr	ress (P.O. Box Number is Not Acceptable)	
1515 S STE 30	SOUTH FEDERAL HIGHWAY		8	3		W \
	RATON FL 33432		ا ا	4 City		85 Zip Code
				,		FL `
familiar wi SiGNATURI 12.	Significaci type a se perites manie of registered as	Dillion	(NOTE Registered A	~	ration submits this statement for the pur rd of directors. I hereby accept the app distribution of the purpose	and 8, 1882
I ILF	PCD	☐ DELE	IE 1 1 THE	E	A STATE OF THE STA	Change Addition
NAME	HERRED, WILLIAM		1.2 NAV	IE		
STREET ACCINGSS	908 MISSION CANYON R	OAD		ET ADORESS		
2015-\$1-705 1-105	SANTA BARBARA CA	F1 DELE		- ST - ZIP		Change Addition
NAME	SD LIVKA, WILLIAM		2.2 NAM			
STREET ADDRESS	566 CHAPMAN DR.		2 3 STRI	LET AODRESS		
CHY SI ZE	CORTE MADERA CA	E 1 500 5		- S1 - ZIP		D
116			3 1 TINE 32 NAM	1		☐ Change ☐ Addition
NAME STREET ACIDRESS				EFT ADDRESS		
CITY - S1 - ZIP				-ST-7iP		
1 '(f	.t. □ DEI		it 4 1 Tiil	F		Change Addition
MAMi			4.2 NAM			
STRUE ATROPESS			1	EET ADDRESS		
_ cr+_\$!_7⊡ tit.E				E ST-ZIP		Change Addition
NAME.			5.2 NAN			
SUFFEL ALORES				EST ADDRESS		
O17 51 78				r-ST-ZIP	and the second s	
141.F		☐ DELI	1			Change 🔲 Addition
NAMI			6.2 NAN			
STREET AUGRESS				EET ADORESS		
(11) S1-20	1		64(11)	r-\$1-20F		

14. Edo hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on trus annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under earth, that I am an officer or director of the corporation of 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:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICES ON DIRECTOR

Manh 6, 1984 415-616-5873