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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1997			Secretary of State DIVISION OF CORPORATIONS				Secretary of State			
1	MENT # G HERIG ENTERP	09557 RISES, INC.	(1)							Baffai (Ba)
Principal Place of Business Mailing Address 4007 N. 56TH ST. 4007 N. 56TH ST.							i (Ağlılı) ağıl âğlışı iğiği ğışıl gilli (Ba	atali Aiair a	. 1940 84891 8782)	41911 1881
TAMPA FL 336			TAMPA FL 33610-7133							
							3. Date Incorporated or Qualified		ate of Last R	eport
5 5	7.5		l A Maria A dal				11/23/1982	03/	28/1996	,
2. Principal Place of Business			26. Mailing Address			4. FEI Number 59-2299606		——————————————————————————————————————	oplied For ot Applicable	
Suite, Apt. #, etc			Suite, Apt. #, etc.						Additional	
22			27				5. Certificate of Status Desired			equired
City & State	е		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added f	May Be
Zŧp	Coun	try	Zip	Cou	ntry	/	8. This corporation has liability for	intangible	tax under s	
24	9. Name and Add	rose of Current E	29	30			Florida Statutes 10. Name and Address of New Re	· -	No Acent	
RIT	LER, BARBARA H.	iess Di Obligiti y	registered Agent		81	Name	(U, Hallie and Addiess of Hear Pe	Aistolea	- your	
4007 N 56TH ST					82	Street Add	eet Address (P.O. Box Number is Not Acceptable)			
TAMPA FL 33610							The state of the s			
				l	83					
					84	City		FL	85 Zip i	Code
11. Pursuant	to the provisions of Se	ctions 607.0502 a	and 607.1508, Florida State	ites, the at	OOV	e-named corr	poration submits this statement for the	ourpose o	f changing if	ts registered
office or r agent. La	registered agent, or bo im familiar with, and ac	ith, in the State of scept the obligation	Florida. Such change was ons of, Section 607.0505, F	authorized Iorida Stat	d by ute:	y the corporal s.	tion's board of directors. I hereby acce	pt the app	ointment as	registered
SIGNATURE										
12.	Signature, typicd or printed na	nie of registerest agest a OFFICERS AND D		TE: Registered	Age	ent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTOR	3S IN 12
TITLE	SD	OF TOLING AND L	DELETE	1.1 70	ΓLE		ADDITIONAL TRACES TO CITY	JEHO MIL	Change	Addition
NAME	RUTLER BARRAR	A H		12 N/	ME					
STREET ADDRESS			I TAYLOR RO	1.3 \$1	HEET	T ADDRESS				
CITY - ST - ZIP	BRANDON, FL 00	000 <i>335</i> 7		1.4 C)	TY - 5	ST - ZIP				
TITLE	TD DADDADA		L.) DELETE	2111					☐ Change	Addition
NAME	HERIG, BARBARA 4104 HELENE PL			2.2 N/						
STREET ADDRESS	VALRICO, FL 000					SZARDCA I				
CITY-ST-ZH' TITLE	PD		DELETE	3.1 10		ST-ZIP			Change	Addition
NAME	DIFFED MARCO	Ε		3.2 N/					_	
STREET ADDRESS	145 MITCHELL-DI	HVE 1820 1	THYLOR RD	3.3 \$1	REET	T ADDRESS				
CITY+ST-ZIP	BRANDON, FL 00	000 <i>335</i> 70)	34 C	ITY-	ST-ZIP				
TITLE	VD NOOF	1 /	☐ DELETE	4 1 T)		ł			Change	Addition
NAME	HERIG, RUSSELL			4 2 N		- 1				
STREET ADDRESS	4104 HELENE PL VALRICO, FL 000			I I		T ADDRESS				
CITY - ST - ZIP TITLE	TALINOU, FL VUU	~~	DELETE	4.4 CI		ST-ZIP			Change	Addition
NAME			_ "	5.2 N/]	1.1		•	_
STREET ADDRESS				1		T ADDRESS	•			
CITY-ST-ZIP			·			ST-ZIP	<u> </u>	r*	<u></u>	- dy
TITLE			DELETE-	6.1 Ti	TLE				Change	Addilion
NAME				6.2 N		i				
STREET ADDRESS	1			83.51	REF	T ADDRESS				

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 i changed, or on an attachment with an address.

64 CITY-ST-ZIP

SIGNATURE:

FILED

Jan 14 1997 8:00am