

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J11789

(1)

1. Corporation Name
HEARTLAND ENTERPRISES, INC.

Principal Place of Business

6801 US 27 N
SEBRING FL 33870
US

Mailing Address

6801 US 27 N
SEBRING FL 33870
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		04/25/1986		11/27/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-2682340		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

BRACE, HANFORD M PRESIDE
6801 US 27 N #E-1
SUITE E-1
SEBRING FL 33870

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BRACE, HANFORD G. M.D.			1.2 NAME			
STREET ADDRESS	1575 OLEANDER DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	AVON PARK FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LARSEN, RICHARD C.			2.2 NAME			
STREET ADDRESS	3355 W. ASONIA ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	AVON PARK FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	NELSON, E.S., MD			3.2 NAME			
STREET ADDRESS	2991 TIVOLI ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	AVON PARK FL			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	UPADHYAYA, D.M. M.D.			4.2 NAME			
STREET ADDRESS	2717 NAUTILUS DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	AVON PARK FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GELDART, DONALD B. M.D.			5.2 NAME			
STREET ADDRESS	1545 OLEANDER AVENUE			5.3 STREET ADDRESS			
CITY-ST-ZIP	AVON PARK FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RAJARAM, P. M.D.			6.2 NAME			
STREET ADDRESS	207 N.E. LAKEVIEW DR.			6.3 STREET ADDRESS			
CITY-ST-ZIP	SEBRING FL			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 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 REQUIRED

7/21/97

CR2E034 (4/97)