

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

FILED

Feb 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # J56026 (4)  
1. Corporation Name  
HEIDE COMMUNICATIONS, INC.

Principal Place of Business 4419 N HUBERT ST. STE 1 TAMPA FL 33614 US	Mailing Address 4419 N HUBERT ST. STE 1 TAMPA FL 33614 US
--	--



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/05/1987	4. FEI Number 59-2773870	Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
10. Name and Address of New Registered Agent		

2. Principal Place of Business 21 3902 CORPOREX PARK DR Suite, Apt. #, etc. 22 SUITE 200 City & State 23 TAMPA FL Zip 24 33614	2a. Mailing Address 26 3902 CORPOREX PARK DR Suite, Apt. #, etc. 27 SUITE 200 City & State 28 TAMPA FL Zip 29 33614	Country 30 HILLSBOROUGH
---	--	----------------------------

9. Name and Address of Current Registered Agent  
HEIDE, ROBERT D  
4419 N HUBERT ST  
TAMPA FL 33614

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 3902 CORPOREX PARK DR	83 SUITE 200	84 City TAMPA	85 Zip Code FL 33614
---------	--	--------------	------------------	-------------------------

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 *Robert D. Heide* DATE 2-5-98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HEIDE, ROBERT D. 4419 N HUBERT ST. TAMPA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PTD HEIDE, ROBERT D. 3902 CORPOREX PARK DR STE 200 TAMPA FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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.

SIGNATURE: *Robert D. Heide* ROBERT D. HEIDE 2-5-98

CR2E034 (1097)