

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K75751** (3)

1. Corporation Name

HEIDERSBERGER & ASSOCIATES, INC.



Principal Place of Business

**5428 NE 21ST TERRACE
FORT LAUDERDALE FL 33308**

Mailing Address

**5428 NE 21ST TERRACE
FORT LAUDERDALE FL 33308**

NEW ADDRESS ↓

2. Principal Place of Business	2a. Mailing Address
21 1508 S.W. 5th COURT	26 1508 S.W. 5th COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 FT. LAUDERDALE, FL	28 FT. LAUDERDALE, FL
Zip	Zip
24 33312	29 33312
Country	Country
25 BROWARD	30 BROWARD

3. Date Incorporated or Qualified 03/24/1989	3a. Date of Last Report 02/10/1995
4. FEI Number 65-0117568	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 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

**HEIDERSBERGER, GERHARD
5428 NE 21ST TERRACE
FORT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name HEIDERSBERGER, GERHARD
82 Street Address (P.O. Box Number is Not Acceptable)
83 1508 S.W. 5th COURT
84 City FT. LAUDERDALE
85 Zip Code FL 33312

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 *Gerhard Heidersberger*

(NOTE: Registered Agent signature required when reinstating)

DATE **4-15-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIDERSBERGER, GERHARD	1.2 NAME	NEW ADDRESS
STREET ADDRESS	5428 NE 21ST TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIDERSBERGER, MARYANN	2.2 NAME	NEW ADDRESS
STREET ADDRESS	5428 NE 21ST TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. Heidersberger **4-15-96** (954) 771-5111

Date

Daytime Phone #

CR2E034 (12/95)