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Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L14911** (6)
1. Corporation Name
HERITAGE PANAMA, INC.

Principal Place of Business 1834 HERMITAGE BLVD. SUITE 201 TALLAHASSEE FL 32308	Mailing Address 1834 HERMITAGE BLVD. SUITE 201 TALLAHASSEE FL 32308
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/12/1989	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State
27. Zip	28. Country	29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country
9. Name and Address of Current Registered Agent MOTTICE, HOMER J 2111 N MONROE ST #203 TALLAHASSEE FL 32308				10. Name and Address of New Registered Agent	
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 I accept the appointment of, Section 607.0505, Florida Statutes.				81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. City 84. State 85. Zip	
SIGNATURE: <i>[Signature]</i>				DATE: 3/12/98	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTTICE, JOHN P	1.2 NAME	
STREET ADDRESS	2111 N MONROE ST, #203	1.3 STREET ADDRESS	1834 Hermitage Blvd, Ste 201
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tallahassee FL 32308
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	PS HOMER J. MOTTICE
STREET ADDRESS		2.3 STREET ADDRESS	1834 HERMITAGE BLVD, STE. 201
CITY-ST-ZIP		2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE		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		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		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		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 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]* **H. Jay Mottice** 3/12/98 8503862117

CR2E034 (10/97)