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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # L14911			\		
HERITAG	name					
	ie Panama, Inc.			1 1981 1912 BB1 (1814 B1816 1818) J1881 HB1 B1	an armer didir dibli bir	S)(8181) (88)
Principal Place	of Business	Mailing Address			SEL OLOR DIOCE ORDER DE	BH BHBH 1951
1834 HERMITAG	SE BLVD.	1834 HERMITAGE BLVD.				
SUITE 201 SUITE 201				DO NOT WESTERN T	UIO ODAGE	
TALLAHASSEE	FL 32308	TALLAHASSEE FL 32308		DO NOT WRITE IN T	HIS SPACE	
				3. Date Incorporated or Qualifed		[
		2a. Mailing Address		09/12/1989 4. FEI Number	T App	lied For
2. Principal Place of Business		26		59-2108407	7 Applied For Not Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 A	
22	, , 0.0.	27		5. Certificate of Status Desired	Fee Req	
City & Stat	9	City & State		6. Election Campaign Financing	\$5.00 h	May Be
23		28		Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year	r Intangible	
24	25	29	30	Personal Property Tax.	☐ Yes 〔	□No
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Register	red Agent	
>	MOT HOUTO I		81 Name	MOTTICE, H. JAY		
MOTTICE, HOMER J			82 Street A	Address (P.O. Box Number is Not Acceptable)	-1	
2111 N MONROE ST #203 TALLAHASSEE-FL 32303				1834 Hermitage Blve	7	
IALL	ANASSEE EL 32303		83	Suite 201		
	•		84 City	Tallahassee	FL 85 Zin C	ode OD
44 5	to the servicions of Continue 607 0500	2 and 607 1508 Florida Statutor	the shove-named	All and the state of the state	a of abanging ita	registered
office or r	to the provisions of Sections 607.050. egistered agent, or both, in the State (f Florida, Such change was au	thorized by the corpo	corporation submits this statement for the purposi pration's board of directors. I hereby accept the ap	ppointment as reg	istered
. agent. I a	m familia with, and accept be object	tions of, Section 607.0505, Porio	da Statutes.	7-11	C _ 49	j
SIGNATURE	12. 200	M. IIWEKKAN	v U			
				aguired when reinstating) DATE		\
12.	Signature, freed of Inted name of registered agen OFFICERS AN	it and title if applicable. (NOTE: F	Registered Agent signature re	aquired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	-	. RS IN 12
12.		it and title if applicable. (NOTE: F	Registered Agent signature re	aquired when remstating)	-	. RS IN 12
	OFFICERS AN	t and title if applicable. (NOTE: FD DIRECTORS	Registered Agent signature re	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR	
TITLE	OFFICERS AN	t and title if applicable. (NOTE: FD DIRECTORS	Registered Agent signature re 13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR	
TITLE NAME	V MOTTICE, JOHN P	t and title if applicable. (NOTE: FD DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS 1834 HERMITAGE BLVD., 5 TALLAHASSEE, FL 32308	AND DIRECTOR Prichange	Addition
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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 with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS . ' 'Y