

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

FILED

Mar 27 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 # L73298 (6)
 1. Corporation Name
HIETPAS ENTERPRISES, INC.

Principal Place of Business % STEPHEN G. SEWELL 1420 SUMTER ST LEESBURG FL 34748 US	Mailing Address % STEPHEN G. SEWELL 907 WEBSTER ST LEESBURG FL 34748-5026
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/10/1990		3a. Date of Last Report 04/09/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3021254		Applied For ☐ Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			

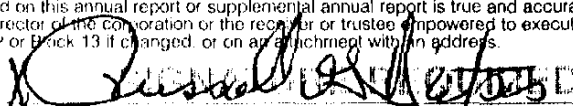
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SEWELL, STEPHEN G. 907 WEBSTER ST LEESBURG FL 34748				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HIETPAS, RUSSELL G.	1.2 NAME	
STREET ADDRESS	204 DEBORAH AVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	LEESBURG FL	1.4 CITY- ST- ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HIETPAS, STEPHEN J.	2.2 NAME	
STREET ADDRESS	23203 SANDLEWOOD DRIVE, APT. 203, BLDG. 23	2.3 STREET ADDRESS	
CITY- ST- ZIP	WILDWOOD FL	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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 recorder 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:  **RUSSELL G. HIETPAS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **3/24/97** Daytime Phone #: **(352) 365-7809**

CR2E034 (9/96)