

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

FILED
Feb 25 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 # **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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/10/1990	
21 Suite, Apt. #, etc.	22 City & State	25 Suite, Apt. #, etc.	26 City & State	4. FEI Number 59-3021254	Applied For ☐ Not Applicable
23 Zip	24 Country	27 Zip	28 Country	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
25		29		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
26		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

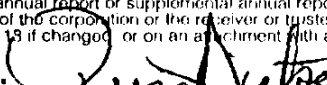
9. Name and Address of Current Registered Agent SEWELL, STEPHEN G. 907 WEBSTER ST LEESBURG FL 34748		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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 _____ Signature, typed or printed name of registered agent and title if applicable (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	2342 Conestoga
CITY - ST - ZIP	LEESBURG FL	1.4 CITY - ST - ZIP	Leesburg Fla 34748
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	HIETPAS, STEPHEN J.	2.2 NAME	
STREET ADDRESS	2320 SANDLEWOOD DRIVE, APT. 203, BLDG. 23	2.3 STREET ADDRESS	936 Belle oak Dr.
CITY - ST - ZIP	WILDBOOD FL	2.4 CITY - ST - ZIP	Leesburg Fla 34748
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 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:  President 2-18-98 352-365-7809

CR2E034 (10/97)