FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L81208

1. Corporation Name

HERITAGE REAL ESTATE MANAGEMENT, INC.

Principal Place of Business	Mailing Address

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
06/18/1990	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 2061 N. Atlantic Ave.	26 2061 N. Atlantic Ave.
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.
23 City & State: Cocoa Beach, FL	28 City & State: Cocoa Beach, FL
24 Zip: 32931 25 Country: USA	29 Zip: 32931 30 Country: USA

4. FEI Number: 59-3014031 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. 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
	81 Name: Mitch Goldman
	82 Street Address (P.O. Box Number is Not Acceptable): 96 Willard Street
	83: Amari, Theriac
	84 City: Cocoa, FL 85 Zip Code: 32922

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: Mitch Goldman 4-29-95
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: D/V	11 TITLE ☐ Change ☐ Addition
NAME: Marsden James A.	12 NAME
STREET ADDRESS: 2118 North 9th Street	13 STREET ADDRESS
CITY-ST-ZIP: Arlington VA	14 CITY-ST-ZIP
TITLE	21 TITLE 800001490129
NAME	22 NAME -05/17/95--01027--005
STREET ADDRESS	23 STREET ADDRESS ****200.00 ****200.00
CITY-ST-ZIP	24 CITY-ST-ZIP
TITLE	31 TITLE ☐ Change ☐ Addition
NAME	32 NAME
STREET ADDRESS	33 STREET ADDRESS
CITY-ST-ZIP	34 CITY-ST-ZIP
TITLE	41 TITLE ☐ Change ☐ Addition
NAME	42 NAME
STREET ADDRESS	43 STREET ADDRESS
CITY ST ZIP	44 CITY ST ZIP
TITLE	51 TITLE ☐ Change ☐ Addition
NAME	52 NAME
STREET ADDRESS	53 STREET ADDRESS
CITY ST ZIP	54 CITY ST ZIP
TITLE	61 TITLE ☐ Change ☐ Addition
NAME	62 NAME
STREET ADDRESS	63 STREET ADDRESS
CITY ST ZIP	64 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)(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: Donnie Basilo Donnie Basilo, Receiver 4/28/95 407-783-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #