

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

FILED

Jan 31 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # M00249 (6)
1. Corporation Name
HERITAGE BUILDERS OF WEST PALM BEACH, INC.Principal Place of Business
12798 FOREST HILLS BLVD
302
WEST PALM BEACH FL 33414
USMailing Address
2544 GRANTHAM DRIVE
WEST PALM BEACH FL 33414
US

3. Date Incorporated or Qualified 05/04/1984	3a. Date of Last Report 03/20/1996
4. FEI Number 59-2390857	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 12798 FOREST HILLS BLVD.
22 City & State	27 # 302
23 WELLINGTON, FL	28 WELLINGTON, FL
24 Zip 33414	29 Zip 33414
25 Country PALM BEACH	30 Country PALM BEACH

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JAMES J MCNAMARA 1544 GRANTHAM DRIVE SUITE 2003 WELLINGTON FL 33414		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable) 527 SQUIRE DRIVE	
		83	
		84 City WELLINGTON FL 85 Zip Code 33414	

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	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNAMARA, JAMES J.	1.2 NAME	
STREET ADDRESS	1544 GRANTHAM DRIVE	1.3 STREET ADDRESS	527 SQUIRE DRIVE
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNAMARA, DENISE M.	2.2 NAME	
STREET ADDRESS	1544 GRANTHAM DRIVE	2.3 STREET ADDRESS	527 SQUIRE DRIVE
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 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: James J. McNamara **REQUIRED** 1/10/97 (561) 793-4372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0521828

CR2E034 (9/96)