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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995

FLORENCE DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M08661 (4)

1. Corporation Name
HEH-JO INC.

Principal Place of Business Mailing Address

**4380 HUPOLUXO ROAD
BOX 134
LANTANA FL 33462**

**4380 HUPOLUXO ROAD
BOX 134
LANTANA FL 33462**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified **12/06/1984** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2478730** 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

**RIEDL, JOAN
5200 MINTO ROAD
BOYNTON BEACH FL 33407
334**

10. Name and Address of New Registered Agent

81 Name **JOAN RIEDL**

82 Street Address (P.O. Box Number is Not Acceptable) **H739 B GREENTREE RD.**

83

84 City **BOYNTON BEACH FL** 85 Zip Code **33436**

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 *Joan Riedl* (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	RIEDL, HENRY A.
STREET ADDRESS	5200 MINTO ROAD
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	PDS
NAME	RIEDL, JOAN PEAL
STREET ADDRESS	5200 MINTO ROAD
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HENRY A. RIEAL
1.3 STREET ADDRESS	H739 B GREENTREE RD.
1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33436
2.1 TITLE	PDS <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOAN RIEDL
2.3 STREET ADDRESS	H739 B GREENTREE RD.
2.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33436
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(k), 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 liquidator 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 my address.

SIGNATURE: *Joan Riedl* DATE: **4/13/95**

SIGNATURE AND TYPE OR PRINTED NAME OF BOYNTON OFFICER OR DIRECTOR Date (Month/Year #)