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Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N41804** (8)

1. Corporation Name

HERITAGE CORVETTE CLUB OF FLORIDA, INC.



Principal Place of Business	Mailing Address
3314 RIVER WOODS DR PARRISH FL 34219 US	P.O. BOX 2254 PALM HARBOR FL 34682-2254

3. Date Incorporated or Qualified 01/24/1991	3a. Date of Last Report 02/29/1996
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2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

4. FEI Number 59-3045642	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent	
COLBETH, DIANE 3314 RIVERWOODS DR PARRISH FL 34219	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	PERRY, WAYNE
STREET ADDRESS	1291 STONEY BROOK LANE
CITY-ST-ZIP	DUNEDIN FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	CERNIGLIA, GRACE
STREET ADDRESS	1850 SPOTTSWOOD CIR
CITY-ST-ZIP	PALM HARBOR FL
TITLE	VPO <input checked="" type="checkbox"/> DELETE
NAME	PRUCHER, STEVE
STREET ADDRESS	621 PATRICIA AVENUE
CITY-ST-ZIP	DUNEDIN FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	MILLER, CINDY
STREET ADDRESS	1552 WEXFORD DR., S.
CITY-ST-ZIP	PALM HARBOR FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SD
2.3 STREET ADDRESS	1415 Kimberly Ln
2.4 CITY-ST-ZIP	Tarpon Springs, FL 34689
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VPO
3.3 STREET ADDRESS	Jay Rondeau
3.4 CITY-ST-ZIP	1410 Osprey Ln
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TD
4.3 STREET ADDRESS	Danielle Rivers
4.4 CITY-ST-ZIP	3309 Alt 19 N
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE **3/11/97**

CR2E037 (9/96)