

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1997 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

**DOCUMENT #**

1. Corporation Name

*N92000000748*

**HEARTLAND GERMAN AMERICAN SOC. INC.**

Principal Place of Business

Mailing Address

**HEARTLAND GERMAN AMERICAN SOC. INC.**

**2162 ROXBURY RD. AVON PARK, FLORIDA 33825**

|                                                  |                                            |
|--------------------------------------------------|--------------------------------------------|
| <b>3. Date Incorporated or Qualified</b><br>1992 | <b>3a. Date of Last Report</b><br>MAY 1996 |
|--------------------------------------------------|--------------------------------------------|

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| <b>4. FEI Number</b><br>65-0382921 | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                                  |                                       |
|------------------------------------------------------------------|---------------------------------------|
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|------------------------------------------------------------------|---------------------------------------|

|                                                                                        |                                    |
|----------------------------------------------------------------------------------------|------------------------------------|
| <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> |
|----------------------------------------------------------------------------------------|------------------------------------|

|                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                       |                            |
|---------------------------------------|----------------------------|
| <b>2. Principal Place of Business</b> | <b>2a. Mailing Address</b> |
|---------------------------------------|----------------------------|

|                               |                            |
|-------------------------------|----------------------------|
| <b>21</b> Suite, Apt. #, etc. | <b>26</b> 2162 ROXBURY RD. |
|-------------------------------|----------------------------|

|                        |                        |
|------------------------|------------------------|
| <b>22</b> City & State | <b>27</b> City & State |
|------------------------|------------------------|

|                              |           |
|------------------------------|-----------|
| <b>23</b> AVON PARK, FLORIDA | <b>28</b> |
|------------------------------|-----------|

|                     |                            |               |                   |
|---------------------|----------------------------|---------------|-------------------|
| <b>24</b> Zip 33825 | <b>25</b> Country HIGHLAND | <b>29</b> Zip | <b>30</b> Country |
|---------------------|----------------------------|---------------|-------------------|

**9. Name and Address of Current Registered Agent**

**MARIA SESMAN**  
**2162 ROXBURY RD.**  
**AVON PARK, FLORIDA 33825**

**10. Name and Address of New Registered Agent**

|                                                              |
|--------------------------------------------------------------|
| <b>81</b> Name                                               |
| <b>82</b> Street Address (P.O. Box Number is Not Acceptable) |
| <b>83</b>                                                    |
| <b>84</b> City                                               |
| <b>85</b> 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          | PRESIDENT <input type="checkbox"/> DELETE |
| NAME           | MARIA SESMAN                              |
| STREET ADDRESS | 2162 ROXBURY RD. AVON PARK, FL.           |
| CITY-ST-ZIP    | 33825                                     |
| TITLE          | VICE PR. <input type="checkbox"/> DELETE  |
| NAME           | ANDREW GERHART                            |
| STREET ADDRESS | 7724 GRANADA RD. SEBRING FL.              |
| CITY-ST-ZIP    | 33870                                     |
| TITLE          | SEC. <input type="checkbox"/> DELETE      |
| NAME           | ELIZABETH MADER                           |
| STREET ADDRESS | 7600 HONEYSUCKLE DR. SEBRING              |
| CITY-ST-ZIP    | 33870                                     |
| TITLE          | B.O.DIR. <input type="checkbox"/> DELETE  |
| NAME           | ERNEST HISAM                              |
| STREET ADDRESS | 101 TRUSH AVE. SEBRING, FL.               |
| CITY-ST-ZIP    | 33872                                     |
| TITLE          | B.O.DIR. <input type="checkbox"/> DELETE  |
| NAME           | HARRY REINHARDT                           |
| STREET ADDRESS | 13 W. ORANGE ST. AVON PARK, FL.           |
| CITY-ST-ZIP    | 33825                                     |
| TITLE          | B.O.DIR. <input type="checkbox"/> DELETE  |
| NAME           | LEON LEHMAN                               |
| STREET ADDRESS | 516 LEXINGTON DR. SEBRING, FL.            |
| CITY-ST-ZIP    | 33870                                     |

**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 type="checkbox"/> Addition |
| 2.2 NAME                                                                    |
| 2.3 STREET ADDRESS                                                          |
| 2.4 CITY-ST-ZIP                                                             |
| 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 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:**

*Maria Sisman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-26-97**

Date

**941-453-3887**

Daytime Phone #

CR2E037 (9/96)