FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P92000001588 (2)

1. Corporation Name
HERITAGE PROPERTY MANAGEMENT, INC.

800001721438

Principal Place of Business
101 GEORGE KING BLVD.
SUITE #2
CAPE CANAVERAL FL 32920
US

Mailing Address
101 GEORGE KING BLVD.
SUITE #2
CAPE CANAVERAL FL 32920
US

3. Date Incorporated or Qualified: 11/03/1992
3a. Date of Last Report: 04/24/1995
4. FEI Number: 59-3133915 ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 450 Challenger Road
Suite, Apt. #, etc
22
City & State
23 Cape Canaveral, FL
Zip 24 32920 Country 25 USA

2a. Mailing Address
26 450 Challenger Road
Suite, Apt. #, etc
27
City & State
28 Cape Canaveral, FL
Zip 29 32920 Country 30 USA

9. Name and Address of Current Registered Agent

POPP, GREGORY A
101 GEORGE KING BLVD., SUITE 4
CAPE CANAVERAL FL 32920

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
450 Challenger Road
83
84 City: Cape Canaveral FL 85 Zip Code: 32920

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 ________ DATE ________

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip	Delete
DV	MCPHILLIPS, MICHAEL F	101 GEORGE KING BLVD., SUITE 4	CAPE CANAVERAL FL	☐
DPST	MCPHILLIPS, JACQUELINE	101 GEORGE KING BLVD., SUITE 4	CAPE CANAVERAL FL	☐
DEV	VERMALES, PEDRO E	101 GEORGE KING BLVD SUITE 4	CAPE CANAVERAL FL	☐
D	MCCURDY, RONALD E	1710 LARCHMONT COURT	MERRITT ISLAND FL 32952	☐
DV	HARTMAN, MICHAEL A	101 GEORGE KING BLVD, SUITE 4	CAPE CANAVERAL FL	☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

#	Title	Name	Street Address	City-St-Zip	Change	Addition
1			450 Challenger Road	Cape Canaveral, FL 32920	☒	☐
2			450 Challenger Road	Cape Canaveral, FL 32920	☒	☐
3			450 Challenger Road	Cape Canaveral, FL 32920	☒	☐
4					☐	☐
5			450 Challenger Road	Cape Canaveral, FL 32920	☒	☐
6					☐	☐

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)(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 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: [signature] 2/19/96 407.799.4090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jacqueline McPhillips - President/Director

CR2E034 (12/95)

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0393 FAX

800-342-8086

CSC networks
PRENTICE HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 854823 82015A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 200.00

ORDER DATE : February 21, 1996

ORDER TIME : 3:52 PM

ORDER NO. : 854823

CUSTOMER NO: 82015A

CUSTOMER: Alice C. Valliere, Legal Asst
The Heritage Company
Suite 4
101 George King Boulevard
Cape Canaveral, FL 32920

ANNUAL REPORT FILING

NAME: HERITAGE PROPERTY MANAGEMENT, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY
XXX PLAIN STAMPED COPY
___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Karen B. Rozar

EXAMINER'S INITIALS: ___