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AND
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1997 FEB 10 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P92000001588 (2)

1. Corporation Name
HERITAGE PROPERTY MANAGEMENT, INC.



Principal Place of Business
450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920
US

Mailing Address
450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920-4226
US

3. Date Incorporated or Qualified 11/03/1992	3a. Date of Last Report 02/26/1996
4. FEI Number 59-3133915	Applied For Not Applicable
5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Zip

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)
83. City
84. City
85. Zip Code

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	DV	1.1 TITLE	300002082333
NAME	MCPHILLIPS, MICHAEL F	1.2 NAME	
STREET ADDRESS	450 CHALLENGER ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	1.4 CITY-ST-ZIP	
TITLE	DPST	2.1 TITLE	VP
NAME	MCPHILLIPS, JACQUELINE	2.2 NAME	
STREET ADDRESS	450 CHALLENGER ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	2.4 CITY-ST-ZIP	
TITLE	DEV	3.1 TITLE	P
NAME	VERMALES, PEDRO E	3.2 NAME	
STREET ADDRESS	450 CHALLENGER ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	MCCURDY, RONALD E	4.2 NAME	
STREET ADDRESS	1710 LARCHMONT COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	4.4 CITY-ST-ZIP	
TITLE	DV	5.1 TITLE	
NAME	HARTMAN, MICHAEL A	5.2 NAME	
STREET ADDRESS	450 CHALLENGER ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL 32952	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	VP
NAME		6.2 NAME	COLVARD, ALISON KERR-HULL
STREET ADDRESS		6.3 STREET ADDRESS	450 CHALLENGER ROAD
CITY-ST-ZIP		6.4 CITY-ST-ZIP	CAPE CANAVERAL, FL 32920

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: Alison K. Hull Colvard 2/7/97 407-799-4090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)



8292

ACCOUNT NO. : 072100000032

REFERENCE : 254028 82015A

AUTHORIZATION :

COST LIMIT :

Patricia Pizant
\$ 173.75

ORDER DATE : February 10, 1997

ORDER TIME : 10:11 AM

300002082333--9

ORDER NO. : 254028-015

CUSTOMER NO: 82015A

CUSTOMER: Ms. Phyllis Lanser
The Heritage Company
450 Challenger Road

Cape Canaveral, FL 32920-4226

ANNUAL REPORT FILING

NAME: HERITAGE PROPERTY MANAGEMENT,
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Todd Sterzoy

EXAMINER'S INITIALS: _____

RECEIVED
97 FEB 10 AM 10:59
DIVISION OF CORPORATION