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 # **P92000007828 (6)**

1. Corporation Name

HERITAGE/NAPLES ACQUISITION, INC.

Principal Place of Business	Mailing Address
5167 HARROGATE CT. NAPLES FL 33962 US	31275 NORTHWESTERN HWY. STE. 11 FARMINGTON HILLS MI 48334 US

3. Date Incorporated or Qualified: **11/30/1992**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21 3220 W CROWN POINTE BLVD	26 31275 NORTHWESTERN HWY
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27 STE. 111
City & State 23 NAPLES, FL	City & State 28 FARMINGTON HILLS, MI
Zip / Country 24 33962 / 25 USA	Zip / Country 29 48334 / 30 USA

4. FEI Number: **38-3082798** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324	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 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 _____

Signature, typed or printed name of registered agent and title, if applicable. NOTE: Registered Agent signature required when changing

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	V	☐ Change ☒ Addition
NAME	TAGLIONE, STEPHEN J		1.2 NAME	CALVERLEY, STEVEN	
STREET ADDRESS	31275 NORTHWESTERN HWY. #111		1.3 STREET ADDRESS	31275 NORTHWESTERN HWY. #111	
CITY-ST-ZIP	FARMINGTON HILLS MI		1.4 CITY-ST-ZIP	FARMINGTON HILLS, MI 48334	
TITLE	TD	☐ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME	TREADWELL, DAVID L		2.2 NAME	MCLAY, GLEN	
STREET ADDRESS	ONE HERITAGE PL #400		2.3 STREET ADDRESS	3220 W. CROWN POINTE Blvd.	
CITY-ST-ZIP	SOUTHGATE MI		2.4 CITY-ST-ZIP	NAPLES, FL 33962	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KOENIG, LORI		3.2 NAME		
STREET ADDRESS	ONE HERITAGE PL #400		3.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTHGATE MI		3.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DEAHL, JAMES		4.2 NAME		
STREET ADDRESS	5167 HARROGATE CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	400001790984 -04/23/96--01110--012 ***200.00	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	7 2 4.23	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 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: Stephen J. Taglione, PRES 4/19/96 810-855-2121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)