## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

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23

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Zip



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200009827 (6)

BLUE HERON ENTERPRISES, INC.

Country

25

Principal Place of Business Mailing Address

688 N.E. FIRST STREET
DANIA FL 33004
US

Mailing Address

688 N.E. FIRST STREET
DANIA FL 33004
US

26

27

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2a. Mailing Address

City & State

Suite, Apt. #, etc

## FILED Mar 24 1998 8:00am Secretary of State



| <ol><li>Name and Address of Current Registered Agent</li></ol>               |                | 10. Name and Address of New Registered Agent  |
|--|----------------|---|
| LAMAN-HYNES, BECKY<br>688 N.E. FIRST STREET<br>DANIA FL 33004                | 81             | Name  |
|  | 82             | Street Address (P.O. Box Number is Not Acceptable)                                    |
|  | 83             |   |
|  | 84             | City FL 85 Zip Code   |
| Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statut | tes, the above | a-named corporation submits this statement for the purpose of changing its registered |

Country

30

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition NAME POORTMAN, HEIDI 1.2 NAME 7630 NW 6TH AVE. STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition HYNES, TERENCE J NAME **2.2 NAME** 688 NE FIRST ST STREET ADDRESS 2.3 STREET ADDRESS DANIA FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change ☐ Addition NAME LAMAN-HYNES, BECKY 3.2 NAME 688 NE FIRST ST STREET ADDRESS 3.3 STREET ADDRESS DANIA FL CITY-ST-ZIP 3.4. CITY - ST - ZiP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change \_\_\_ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I 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.