	POR		FLORIDA	DEPAREIMEN anora B. Mor			SECF	RM. FALLU RETARY OF STATE N OF COSPORATIONS		
DOCUMENT # P92,0000 13365							98 SEP 25 AM 9: 03			
HEG Corp.										
Principal Pl	lace of Business		Mailing Address	s						
If above addresses are incorrect in any way, line through incorrect information and enter correction belo 2. New Principal Office Address, If Applicable HEG Corp. HEG Corp.						 4. Date Incorporated or Qualified To Do Business in Florida 12/18/92 				
Suite, Apt. 1415	#, eic. South Fed	leral Highway	Suite, Apt. #, etc. P.O. Box 160			5. FEI Number		Applied For		
City & State Boynton Beach, Florida Zip Country			City & State Boynton Zip	Beach, F1		- 6, .		Not Applicabl \$8.75 Additional Fee regula	rød	
33435		USA esses of Each Officer and/o	33425-0		USA tions must list at l		OF STATUS DESIRED	for a Certificate of Status		
Title(s) 1	2	Name of Officers and/or Directors		Of	eet Address of Ea icer and/or Direct se Post Office Box	tor	City	y / State / Zip		
P/D	P/D H. E. Graves, Jr. 191 E. Miller Avenu						Akron, Ohi	io 44301		
S/T/D	S/T/D S. Keith Graves			191 E. Miller Avenue			Akron, Oht	io 44301		
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					······		<u> </u>			
Jean		and Address of Current R	egistered Agent		Name Dennis	9. Name and A	ddress of New Registe	red Agent	186	
3049 Harbor Drive Et Luderdaler El 33316-2491 Street Address (P 1415 Sou						(P.O. Box Number outh Federa	P.O. Box Number is Not Acceptable)			
Suite, Apl. #, Etc.							500002649475 2			
10. I, being	appointed the re	gistered your of the abov	e named colport	lion, Am familiar wi	Boynton	Beach	kkkk900	50. \$848500.00		
Signature of Registered /		Denne		IT MUST SIGN	2	· · ·	Date 9-2	23-98		
11. Thi Inta	is corpora angible Pe	tion owes or ha ersonal Property	s paid the / tax due J	current yea une 30.	ar Yes 🛙			er si de fo r information inlan gi ble tax.)		
this reins owed by	statement applica the corporation pplication is true	ation, the reason for dissol	ution has been efin times of individuals	minated, the corpo s listed on this form	rate name satisfie n do not qualify fo	es the requirements or an exemption und	of section 607.0401 or 61	ther ce rtify that when filing 17.0401, F.S., that all fees .S. The information indicated	1	
IGNAT	URE: Sign/	ATURE AND TYPED IN PRIN . E. Graves, J			IRECTOR	9/21/98	(330)	434-7111 Daylime Phone #		

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