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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000041375 (5)

FINANCIAL HERITAGE GROUP, INC.

Principal Place of Business

Mailing Address

**FILED** May 15 1998 8:00am Secretary of State

846-7900



21939 US 19 NORTH CLEARWATER FL 34625 US		21939 US 19 NORTH CLEARWATER FL 34625 US			<del></del>		RITE IN THIS	SPACE		
					<ol> <li>Date Incorporate</li> <li>06/07/1993</li> </ol>	d or Qualifi	ed			
	lace of Business	2a. Mailing Address			4. FEI Number			1	pplied For	
21/8431	Corporate Way	26 8431 Corporate Lay			59-3210486	3		N	ot Applicable	
Suite, Apt. #, etc. 1 22 Suite 100		Suite, Apt. #, etc			5. Certificate of Stat	SR 75 Additional				
city & State  23 New Port Richey FL		City & State  28 New Port Richey ,FL			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip	Country Zip Country				8. This corporation owes or has paid the current year Intangible					
24 346	53 25 Pasco/USA	28 34653	30 Pasco/1	USA	Personal Property			_	□Ño	
	9. Name and Address of Current				10. Name and Addre	ss of New	Registered	Agent		
SOLAZZO, ANTHONY P 21939 US 19 NORTH CLEARWATER FL 34625  82 Street Address (P.O. Box Number is Not Acceptable) SH 31 Cerporale Way 83 Shift 100								0.1		
			84 City	اسما	Port Pichen		FL		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  Signature, tyried or printed and and all ill applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  DATE										
12.	OFFICERS AND		13.		ADDITIONS/CHAN	GES TO OI	FFICERS AN	D DIRECTO	RS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	1				<b>⊥</b> €hange	Addition	
NAME .	<b>SOLAZZO, ANTHONY P</b>		1.2 NAME	i				_		
STREET ADDRESS	21939 US 19 NORTH		1.3 STREET ADDRESS	843	1 Corporate h	Σαχ, Su	ite 100			
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	New	Port Richey	Fc.	34653			
TITLE		DELETE	21 TITLE	1,000	tel i pionty		<u> </u>	Change	Addition	
NAME			2.2 NAME							
STREET ADDRESS			2.3 \$1REET ADDRESS							
CITY-ST-ZIP			2. 4 CiTY - ST - ZIP		•				i	
TITLE		DELETE	3.1 TITLE	· · · · · · · · · · · · · · · · · · ·				Change	Addition	
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CITY-ST-ZIP			3.4. CITY-ST-ZIP							
TITLE		DELETE	4.1 TITLE					☐ Change	Addition	
NAME			4. 2 NAME						· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS			4.3 STREET ADDRESS						ļ	
CITY-ST-ZIP			4.4 City-St-Zip						Ì	
TITLE	<del></del>	☐ DELETE	5.1 THLE	<del> </del>				Change	Addition	
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STREET ADDRESS			5.3 STREET ADDRESS						ļ	
CITY-ST-ZIP									1	
TITLE		☐ DELETE	5.4 C/TY - ST - Z/P 6.1 T/TLF	+				Change	Addition	
NAME		presse	6.2 NAME					LT CHAINGE	AUGITION	
STREET ADDRESS					:					
			6.3 STREET ADDRESS	1						
14. I hereby c	ertify that the information supplied with	this films does not qualify for	6.4 CITY-ST-ZIP	ed in See	ction 119 07/3\/i\ Flor	ida Statuto	e I further or	artify that the	information	
officer or o	on this annual report or supplemental a director of the corporation or the receiv or Block 13 if changed, or on an attach	innual report is tru <b>e and a</b> ccu er or trustee empo <b>wered</b> to e	rate and that my sid	anatura s	shall have the came le	nal affect s	e il marla ur	nder oath; th my name ar	at lam an	