

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 # P93000069131 (9)

1. Corporation Name
HEECO EURO, INC.



Principal Place of Business: **5450 W. CRENSHAW STREET TAMPA FL 33684**
Mailing Address: **5450 W. CRENSHAW STREET TAMPA FL 33684**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	P.O. Box 151166	10/01/1993	04/28/1995
22	City & State	27	City & State	4. FEI Number	Applied For / Not Applicable
23	Zip	28	Tampa, FL	59-3227155	
24	Country	29	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	33634	30	33634	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
g. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
OTTE, ALAN H 13604 PUB PLACE TAMPA FL 33624				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				84	City
		85	Zip Code	FL	

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's signature required when not stating "Signature, type or printed name of registered agent and title if applicable") DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIHALCIN, E R	1.2 NAME	
STREET ADDRESS	5450 W. CRENSHAW ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33684	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIHALCHIN, PHYLLIS	2.2 NAME	ST
STREET ADDRESS	7605 EGYPT LAKE DR.	2.3 STREET ADDRESS	Mihalcin, Phyllis
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIHALCIN, ROBERT E	3.2 NAME	MIHALCIN, ROBERT E (Correction)
STREET ADDRESS	3404 HOLLYBACK WAY	3.3 STREET ADDRESS	3404 HOLLYHOCK WAY
CITY-ST-ZIP	TAMPA FL 33618	3.4 CITY-ST-ZIP	TAMPA FL 33618
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
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: *Phyllis Mihalcin* **Phyllis J. Mihalcin 2-26-96 (813) 886-7584**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)