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

PROFIT CORPORATION **ANNUAL REPORT**

1997

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P93000081232 (9)

HEARTLAND MONEY MANAGEMENT OF FLORIDA, INC.

Principal Place of Business Mailing Address 2055 WOOD ST 8060 KNUE ROAD. #232 BUITE 120 BARASOTA FL 34237 INDIANAPOLIS IN 46250-1938



97 MAY 30 AM 8: 56

SECRETARY OF STATE TALLAHASSEE, FLORIDA

3a. Date of Last Report



3. Date Incorporated or Qualified

11/24/1993

City & State Country Tip Country 8. This corporation has liability for intangible tax Florida Statutes Florida Statutes Yes Name Name and Address of New Registered Agent SHASTEEN, PHILIP M 100 NORTH TAMPA ST. SUITE 1800 TAMPA FL 33802 81 City FL 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 81 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 character of the purpose of character is an immiliar 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) DATE	o nt Zip Code
Suite, Apt. #, etc. Suite, Apt. #, etc.	8.75 Additional Fee Required \$5.00 May Be Added to Fees under s. 199.032, o nt
City & State Country Tip Country 8. This corporation has liability for intangible tax Florida Statutes Florida Statutes Yes Name Name and Address of New Registered Agent SHASTEEN, PHILIP M 100 NORTH TAMPA ST. SUITE 1800 TAMPA FL 33802 81 City FL 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 84 City FL 85 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 character of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointreagent. 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 reinstanny) DATE	Fee Required \$5.00 May Be Added to Fees under s. 199.032, o nt Zip Code
Trust Fund Contribution Zip Country Zip Country 30 8. This corporation has liability for intangible tax Florida Statutes Yes N 9. Name and Address of Current Registered Agent SHASTEEN, PHILIP M 100 NORTH TAMPA ST. SUITE 1800 TAMPA FL 33802 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 che 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 appointer 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 like if applicable. (NOTE Registered Agent signature required when reinstaing) DATE	Added to Fees under s. 199.032, o nt Zip Code
28	Added to Fees under s. 199.032, o nt Zip Code
SHASTEEN, PHILIP M 100 NORTH TAMPA ST. SUITE 1800 TAMPA FL 33802 84 City FL 81 84 City FL 81 84 City FL 81 84 City FL 85 84 City FL 85 85 85 85 85 85 85 8	o nt Zip Code
9. Name and Address of Current Registered Agent SHASTEEN, PHILIP M 100 NORTH TAMPA ST. SUITE 1800 TAMPA FL 33602 81	5 Zip Code
SHASTEEN, PHILIP M 100 NORTH TAMPA ST. SUITE 1800 TAMPA FL 33802 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 81. Pursuant to the provisions of Sections 607.05.02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of che 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 appoint 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) DATE	5 Zip Code
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Signature, typed or printed name of registered agent and fille if applicable (NOTE Registered Agent signature required when reinstating) DATE	
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TO THE PROPERTY OF THE PROPERT	
	Change Addition
NAME PAYNE, KENNETH R 12 NAME SUULIS	:2nn3
STREET ADDRESS	##172 7C
14 DHY-SI-ZIP	
	Change 🔲 Addition
NAME DANKER, DANIEL G 22 NAME	
STREET ADDRESS 8080 KNUE RD., #232 2.3 STREET ADDRESS	
CITY-ST-ZIP INDIANAPOLIS IN 46250 2.4 CITY-ST-ZIP	
	Change 🔲 Addition
NAME . 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
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TITLE DELETE 6.1 YITLE	Change Addition
NAME 62 NAME	7
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CITY-ST-ZIP 6.4 CITY-S1-ZIP	·
14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certiformation indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if m	ide the at the

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.