

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000082354 (0)
1. Corporation Name
HERON HOUSE INC.

Principal Place of Business		Mailing Address	
2980 MCCALL ROAD SUITE 210 ENGLEWOOD FL 34224 US		P.O. BOX 2 BOCA GRANDE FL 33921	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
24 Zip	Country	29 Zip	30 Country



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	
11/22/1993	
4. FEI Number	
65-0454730	
5. Certificate of Status Desired	
\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	
\$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
85 Zip 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, typed 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	PST		<input type="checkbox"/> DELETE
NAME	KIRKPATRICK, JOHN R		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	158 CARRICK BEND LANE		
CITY-ST-ZIP	BOCA GRANDE FL 33921		
TITLE			<input type="checkbox"/> DELETE
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
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NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

John R. Kirkpatrick

2/5/98 941-474-7700

CR2E034 (10/97)