

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 # P94000000187 (2)

1. Corporation Name

HERITAGE PARTNERS GROUP IV, INC.



Principal Place of Business

101 GEORGE KING BLVD.
SUITE 4
CAPE CANAVERAL FL 32920

Mailing Address

101 GEORGE KING BLVD.
SUITE 4
CAPE CANAVERAL FL 32920

3. Date Incorporated or Qualified
12/30/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 450 Challenger Road
Suite, Apt. #, etc.

2a. Mailing Address

26 450 Challenger Road
Suite, Apt. #, etc.

4. FEI Number
59-3186299

Applied For
Not Applicable

22 N/A
City & State

27 N/A
City & State

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

23 Cape Canaveral, FL

28 Cape Canaveral, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip Country
24 32920 25 Brevard

Zip Country
29 32920 30 Brevard

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POPP, GREGORY A ESO
101 GEORGE KING BLVD.
SUITE 4
CAPE CANAVERAL FL 32920

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 450 Challenger Road
84 City
Cape Canaveral FL 85 Zip Code
32920

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 block applicable

Block 12. Registered Agent's signature required when transferring

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DPST	MCPHILLIPS, JACQUELINE	101 GEORGE KING BLVD., STE. 4	CAPE CANAVERAL FL	<input type="checkbox"/>
DV	MCPHILLIPS, MICHAEL	101 GEORGE KING BLVD., STE. 4	CAPE CANAVERAL FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. DELETE
		450 Challenger Road		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		450 Challenger Road		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V	Michael Hartman	450 Challenger Road	Cape Canaveral, FL 32920	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jacqueline McPhillips

Date 4/12/96 (407) 799-4090

CR2E034 (12/95)