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			FLORIDA DEP Sandra	B. Mortha	_	Jun 0	5 19	97 8:0	00ar	
ANNUAL REPORT			Socretary of State			Sec	Secretary of State			
	1997 Division of corporations					Iviu	I y OI L	Juic		
•		400001	0976 (6)	)						
HERITAG	ge Marine, INC.				•	e kanalana kanala kanala kanala kana	II <b>af</b> ili <b>ar</b> iil <b>ki</b>	181 ((0)) 30 ((1))0(() 104		
Principal Place of Business Mailing Address										
1895 n. lake ( Drlando fl 3	orlando parkway 12906		95 n. lake orland Rlando fl 32808-220		,					
						3. Date Incorporated or Q 02/04/1994	ualified	3a. Date of Last F 02/14/1996	Report	
n '	lace of Business		Mailing Address			4. FEI Number		A	pplied For	
Suite, Apt.	#, elc.	26	Suite, Apt. #, etc.		······	59-3225112	F	¢9.75	ot Applicable Additional	
	·····	27	Oit. 9 Dinte			5. Certificate of Status De		Fee R	equired	
City & State	8	28	City & State			6. Election Campaign Fina Trust Fund Contribution			May Be to Fees	
Zip	Country		Zip	Cour	lry	8. This corporation has lia	bility for inte	·	s. 199.032,	
	25 9. Name and Addres	29 as of Current Regis	tered Agent	30		Florida Statutes 10. Name and Address of				
	CKE, PETER A			4	81 Name					
	5 N. LAKE ORLANDO   ANDO FL 32808	PARKWAY		1	32 Street A	ddress (P.O. Box Number is Not	Acceptable)			
					3					
4				h	14 City			FL <sup>85</sup> Zip	Code	
11. Pursuant f	to the provisions of Section	ons 607.0502 and 6	07.1508, Florida Sta	tutes, the ab	ove-named (	corporation submits this statement oration's board of directors. I here	for the purp		its registered	
	m familiar with, and acce	pt the obligations of	f, Section 607.0505,	Florida Statu	tes.	oration's board of directors. There	ру ассерг п	пе арропппент аз	registered	
	Signature, typed or printed name				Agent signature i	equired when reinstating)		DA16.		
12.	OF PD	FICERS AND DIREC	DELETE	13. 1,1 301	£	ADDITIONS/CHANGES	TO OFFICE	IS AND DIRECTO	RS IN 12	
IAME	KNOCKE, JACK A PO BOX 6889- 1903 TROPIC				1E	KNOCKE. JACK	<b>.</b>			
TREET ADDRESS	- <del>P-O-BOX-6680-</del> ( TITUSVILLE FL	403 TKOP				1903 TRIPIC STRI TITUSVILLE FLOR	10A			
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