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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000010976

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90022 003 ***150.00

HERITA	AGE MARINE, INC.						
Principal Pla	ace of Business	Mailing Address				###	. (88) 8 8) (1 18 9)
3895 N. LAKE ORLANDO PARKWAY 3895 N. LAKE ORLANDO PORLANDO FL 32808 ORLANDO FL 32808							
					DO NOT WRITE IN THE	IIS SPACE	
					3. Date incorporated or Qualifed 02/04/1994		
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	Ar	pplied For
21		26			59-3225112	Nr	ot Applicable
Suite, Apt. #, etc. S		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional equired
City & Sta	ate	City & State			6. Election Campaign Financing		
23		28		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country	Zip	Countr	у	8. This corporation owes the current year		
24	25	29	30		Personal Property Tax.	☐Yes	□No
	Name and Address of Current	nt Registered Agent			10. Name and Address of New Registere	d Agent	
KNI	OCKE, PETER A		81	Name			
389	95 N. LAKE ORLANDO PARKWAY		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
OR	LANDO FL 32808		83	3			for San San
					The state of the state of		353 to 35
			84	City	F	85 Zip (Code
Oluçe Ol	It to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	oi riorida. Such change was a	autnonzea by	/ the corporatio	pration submits this statement for the purpose in's board of directors. I hereby accept the app	-6 -b -u -iu -u it-	registered gistered
SIGNATURE		· · · · · · · · · · · · · · · · · · ·					
41	Signature, typed or printed name of registered age	nt and title if applicable. (NOT)		nt signature required			
12.	PD	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change	RS IN 12
NAME	KNOCKE, JACK A		1.2 NAME			☐ Change	Audiaun
STREET ADDRESS	4000 TRODIO OT			TADDRESS			
CITY-ST-ZIP	TITUSVILLE FL		1.4 CITY-S	i			
TITLE	VP	☐ DELETE	2.1 TITLE	11-21			[
NAME	KNOCKE, PETER A.		2.2 NAME				
STREET ADDRESS	3875 N. LAKE ORLANDO PKW			Į.		Change	☐ Addition 6
CITY-ST-ZIP	ORLANDO-FL	Y	2.3 STREE	TADORESS		L_1 Change	☐ Addition
TITLE		Y	1	T ADDRESS			Addition
NAME	VP.	Y DELETE	2.3 STREE 2. 4 CITY-5 3.1 TITLE			Change	Addition
STREET ADDRESS	VP. KNOCKE, PHILIP C.		2. 4 CITY-5				
	KNOCKE, PHILIP C. 2241 MAURICE AVE.		2. 4 CITY-5 3.1 TITLE 3.2 NAME				
CITY-ST-ZIP	KNOCKE, PHILIP C.		2. 4 CITY-5 3.1 TITLE 3.2 NAME	ST-ZIP TADORESS			
CITY-ST-ZIP TITLE	KNOCKE, PHILIP C. 2241 MAURICE AVE.		2. 4 CITY-5 3.1 TITLE 3.2 NAME 3.3 STREE	ST-ZIP TADORESS			
	KNOCKE, PHILIP C. 2241 MAURICE AVE.	☐ DELETE	2. 4 CITY-5 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY-5	ST-ZIP TADORESS		☐ Change	Addition
TITLE	KNOCKE, PHILIP C. 2241 MAURICE AVE. LA CRESCENTA CA	☐ DELETE	2. 4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME	ST-ZIP TADORESS		☐ Change	Addition
TITLE NAME	KNOCKE, PHILIP C. 2241 MAURICE AVE. LA CRESCENTA CA	☐ DELETE	2. 4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME	T ADDRESS ST-ZIP T ADDRESS		☐ Change	Addition
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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, with all other like empowered.

SIGNATURE:

KNOCKE