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

PROFIT CORPORATION **ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P94000011350 (3)

HERITA	GE HOME FINANCE CORPO	RATION			
Principal Plac	e of Business	Mailing Address	<del></del>	T HABITADE YER SOUTH BANK BOTH BOTH BOTH BOTH BOTH	ATRIA TANDA TATON DISTA DELLA SURF
110 PARK PLACE BOULEVARD KISSIMMEE FL 34741 US		200 S. ORANGE AVENUE SUITE 2300 ORLANDO FL 32801		DO NOT WRITE IN THIS SPACE	
		US		3. Date Incorporated or Qualified	
2. Principal P	Place of Business	2a. Mailing Address		02/10/1994 4. FEI Number	Applied For
21		26		59-3223417	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stal	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	Country	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible Yes \[ \] No
24	25 Name and Address of Current		10	Personal Property Tax due June 30.  10. Name and Address of New Registers	
A /	·····		81 Name		
A. G. C. CO. 200 SOUTH ORANGE AVENUE			00 81-01 6	(DO Doublinshor in Not Assessable)	
SUITE 2300			82 Street Ad	fdress (P.O. Box Number is Not Acceptable)	
	LANDO FL 32801		83		
0.,	DAMPO I E OLOGI		84 City		85 Zip Code
•				F	<b>L</b>
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					
SIGNATORIE	Stonature, typed or printed name of respitered agent		flegisterud Agent signature rec	quirod when reinstating) DAT	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	TS	X DELETE		S/T	Change Addition
NAME	FITZGERALD, YVONNE			KOON, DAVID A.	
STREET ADDRESS	110 PARK PLACE BOULEVARD		<b>1</b>	108 PARK PLACE BOULEVARD	
CITY-ST-ZIP TITLE	KISSIMMEE FL	DELETE	1.4 City-St-ZiP 2.1 Title	KISSIMMEE, FL 43741	Change Addition
NAME	MILLER, HARRY R	CT OFFER			C. Overigo C. Modition
STREET ADDRESS	110 PARK PLACE BOULEVARD		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34741		2. 4 CITY - ST- ZIP		
TITLE	VP	DELETE	3.1 TITLE		Change Addition
NAME	MILLER, FRED		3.2 NAME		
STREET ADDRESS	110 PARK PLACE BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		3.4. CITY-S1-ZIP		
TITLE	7	X DELETE	4 1 THILE		Change Addition
NAME	FITZGERALD, YVONNE		4. 2 NAME		•
STREET ADDRESS	110 PARK PLACE BOULEVARD		4.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34741		4.4 C(1Y - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 THILE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 or the attachment with an address.

**FILED** 

May 18 1998 8:00am

Secretary of State