Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90084 039 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000011350**

1. Corporation Name

HERITAGE HOME FINANCE CORPORATION

TIETH TO	E HOME I MANOE GOTH						
Principal Place of Business Mailing Address						115017001 110 10117 20117 20117	
110 PARK PLAC	E BOULEVARD	200 S. ORANGE AVENUE	200 S. ORANGE AVENUE				
KISSIMMEE FL	34741	SUITE 2300				DO NOT WRITE IN THIS SPACE	
US		Orlando FL 32801 US				3. Date incorporated or Qualifed	
		03				02/10/1994	
2 Dringing DI	ace of Business	2a. Mailing Address				4. FEI Number Applied For	
<b>─</b> '	ace of Business	26 108 Park P	lace	Blv	đ.	59-3223417 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional	
22		27				5. Certificate of Status Desired Fee Required	
City & State		- City & State			6. Election Campaign Financing S5.00 May Be		
23		Kissimmee,	F1	3474	1	Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Count	ry		8. This corporation owes the current year Intangible	
24	25	29 3	0			Personal Property Tax.	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent	
			8	1 Nam		- C Па 11	
A. G. C. CO.				2 Stree	Swann & Hadley Street Address (P.O. Box Number is Not Acceptable)		
200 SOUTH ORANGE AVENUE				Street Address (P.O. Box Number is Not Acceptable)  1031 W. Morse Boulevard Ste 270			
SUIT	E 2300		1	13			
ORL	ANDO FL 32801		-	4 0:		es 7in Code	
				City	Ji'nte	er:Parks FL 85 Zip Code 32789 2	
11. Pursuant office or reagent. I as	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with and accept the policy			ove-name by the cores.	d corpor poration	oration submits this statement for the purpose of changing its registered in s board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registerer age	ent and title if abalicable. (NOTE: R	nard egistered A	<u>SWan</u> gent signatur	e required v	Men reinstating) January 26, 1999  OATE	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	☐ DELETE	1.1 TITL	 E		☐ Change ☐ Addition	
NAME	KOON, D A		1.2 NAM	E			
STREET ADDRESS	108 PARK PL BLVD		1.3 STR	EET ADDRES	s		
CITY-ST-ZIP	KISSIMMEE FL 43741		1.4 CITY	-ST-ZIP			
TITLE	P	☐ DELETE	2,1 TITL	E		☐ Change ☐ Addition	
NAME	MILLER, HARRY R		2.2 NAW	Ε			
STREET ADDRESS	110 PARK PLACE BOULEVAR	D	2.3 STR	EET ADDRES	ss		
CITY-ST-ZIP	KISSIMMEE FL 34741		2.4 CIT	Y-ST-ZIP			
TITLE	VP	☐ DELETE	3.1 TITL	E		☐ Change ☐ Addition	
NAME	MILLER, FRED		3.2 NAM	E		•	
STREET ADDRESS	110 PARK PLACE BLVD.		3.3 STR	EET ADDRES	ss		
CITY-ST-ZIP	KISSIMMEE FL		3.4. CIT	Y-ST-ZIP			
TITLE		☐ DELETE	4.1 TITL	E		☐ Change ☐ Addition	
NAME			4. 2 NA	Æ			
STREET ADDRESS			4.3 STR	EET ADDRES	≋s		
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	5.1 TITL	E	T	☐ Change ☐ Addition	
NAME.			5.2 NAM	IE.			
STREET ADDRESS			5.3 STR	EET ADDRES	ss		
CITY-ST-ZIP			5.4 CITY	-ST-ZIP	$\perp$		
TITLE		☐ DELETE	6.1 TITL	E		☐ Change ☐ Addition	
NAME			6.2 NAM	IE .			
STREET ADDRESS			6.3 STR	EET ADDRES	ss		
CITY-ST-ZIP			6.4 CIT	-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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR