

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

**FILED**

**Mar 11 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000024756 (6)**

1. Corporation Name  
**HERITAGE PARTNERS GROUP IX, INC.**



Principal Place of Business  
**450 CHALLENGER ROAD  
CAPE CANAVERAL FL 32920  
US**

Mailing Address  
**450 CHALLENGER ROAD  
CAPE CANAVERAL FL 32920-4226  
US**

3. Date Incorporated or Qualified  
**03/30/1994**

3a. Date of Last Report  
**05/01/1996**

4. FEI Number  
**59-3249033**

Applied For  
 Not Applicable

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

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

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

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29

Country  
25

Country  
30

9. Name and Address of Current Registered Agent  
**POPP, GREGORY A  
450 CHALLENGER ROAD  
CAPE CANAVERAL FL 32920**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
NAME **D MCPHILLIPS, JACQUELINE**  
STREET ADDRESS **450 CHALLENGER ROAD**  
CITY - ST - ZIP **CAPE CANAVERAL FL**

TITLE  DELETE  
NAME **D MCPHILLIPS, MICHAEL**  
STREET ADDRESS **450 CHALLENGER ROAD**  
CITY - ST - ZIP **CAPE CANAVERAL FL**

TITLE  DELETE  
NAME **V HARTMAN, MICHAEL**  
STREET ADDRESS **450 CHALLENGER ROAD**  
CITY - ST - ZIP **CAPE CANAVERAL FL**

TITLE  DELETE

TITLE  DELETE

TITLE  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition

4.2 NAME **V Alison Kerr-Hull Colvard**

4.3 STREET ADDRESS **450 Challenger Road**

4.4 CITY - ST - ZIP **Cape Canaveral, Florida 32920**

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE: *Alison Kerr-Hull Colvard* 2-25-97 107-799-4090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR ALISON KERR - HULL COLVARD Date Daytime Phone # 2284

CR2E034 (9/96)