

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED

96 JAN 17 PM 12: 37

DOCUMENT # P94000051235 (7)

1. Corporation Name

HERITAGE PARTNERS GROUP XII, INC.



Principal Place of Business: 101 GEORGE KING BLVD. SUITE 4 CAPE CANAVERAL FL 32920
Mailing Address: 101 GEORGE KING BLVD. SUITE 4 CAPE CANAVERAL FL 32920

3. Date Incorporated or Qualified: 07/12/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3253369
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 (21-24)
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent

POPP, GREGORY A ESQ
101 GEORGE KING BLVD.
SUITE 4
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
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCPHILLIPS, JACQUELINE	
STREET ADDRESS	101 GEORGE KING BLVD., STE. 4	
CITY-STATE-ZIP	CAPE CANAVERAL FL 32920	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCPHILLIPS, MICHAEL	
STREET ADDRESS	101 GEORGE KING BLVD., STE. 4	
CITY-STATE-ZIP	CAPE CANAVERAL FL 32920	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAVERY, MICHAEL	
STREET ADDRESS	1501 LINCOLN AVE.	
CITY-STATE-ZIP	STEAMBOAT SPRINGS CO 80487	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
12 NAME	800001701548
13 STREET ADDRESS	-01/30/96--01094--004
14 CITY-STATE-ZIP	****452.50 ****226.25
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 my address.

SIGNATURE: *Jacqueline McPhillips*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-96 407-799-4090
Date Filed Date Paid

CR2E034 (12/95)