

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

APPROVED AND FILED *pg 1 of 2*

1997 FEB 10 PM 12: 10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997



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

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 32920-3305**

3. Date Incorporated or Qualified: **07/12/1994** 3a. Date of Last Report: **01/17/1996**
4. FEI Number: **59-3253369** 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: **21 450 Challenger Road** 2a. Mailing Address: **26 P.O. Box 1441**
Suite, Apt #, etc.: **22** Suite, Apt #, etc.: **27**
City & State: **23 Cape Canaveral, FL** City & State: **28 Cape Canaveral, FL**
Zip: **24 32920** Country: **25 USA** Zip: **29 32920** Country: **30 USA**

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): **450 Challenger Road**
83 _____
84 City: **Cape Canaveral** FL 85 Zip Code: **32920**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P, S, T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	450 Challenger Road	
1.4 CITY-ST-ZIP		
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	450 Challenger Road	
2.4 CITY-ST-ZIP		
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HARTMAN, MICHAEL A.	
4.3 STREET ADDRESS	450 CHALLENGER ROAD	
4.4 CITY-ST-ZIP	Cape Canaveral, FL 32920	
5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	COLVARD, ALISON KERR-HULL	
5.3 STREET ADDRESS	450 CHALLENGER ROAD	
5.4 CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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* 2/7/97 407-799-4090
Alison Kerr-Hull Colvard, Vice President Date Daytime Phone #

CR2E034 (9/96)

2/10/97

pg 2 of 2



ACCOUNT NO. : 072100000032
REFERENCE : 254028 82015A

AUTHORIZATION : *Patricia Pigut*
COST LIMIT : \$ 173.75

ORDER DATE : February 10, 1997
ORDER TIME : 10:09 AM
ORDER NO. : 254028-010 000002082330--8
CUSTOMER NO: 82015A
CUSTOMER: Ms. Phyllis Lanser
The Heritage Company
450 Challenger Road
Cape Canaveral, FL 32920-4226

ANNUAL REPORT FILING

NAME: HERITAGE PARTNERS GROUP XII,
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Todd Sterzoy

EXAMINER'S INITIALS: _____

RECEIVED
97 FEB 10 AM 10:59
DIVISION OF CORPORATION