FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **P94000063927 (5)**

1. Corporation Name

HERITAGE PARTNERS GROUP XV, INC.

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

3. Date Incorporated or Qualified: **08/30/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21 450 Challenger Road	26 450 Challenger Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Cape Canaveral, FL	City & State 28 Cape Canaveral, FL
Zip 24 32920	Zip 29 32920
Country 25 USA	Country 30 USA

4. FEI Number: **59-3263794** ☐ 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

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)
460 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCPHILLIPS, JACQUELINE 101 GEORGE KING BLVD., STE. 4 CAPE CANAVERAL FL 32920	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P/S/T/D McPhillips, Jacqueline 450 Challenger Road Cape Canaveral, FL 32920	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VP/D McPhillips, Michael 450 Challenger Road Cape Canaveral, FL 32920	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	VP Hartman, Michael 450 Challenger Road Cape Canaveral, FL 32920	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	900001735629 -03/07/96--01061--005 ****226.25 ****226.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

SP 3/7/96

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 an address.

SIGNATURE: Jacqueline McPhillips 3/6/96 407-799-4090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jacqueline McPhillips, President

CR2E034 (12/95)

Pg 2 of 2

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0393 FAX

800-342-8086

CSC networks
PRENTICE HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000000[illegible]

REFERENCE : 072903 A96050

AUTHORIZATION :

COST LIMIT : $ PREPAID

ORDER DATE : March 7, 1996

ORDER TIME : 9:39 AM

ORDER NO. : 072903

CUSTOMER NO: A96050

CUSTOMER: Alice C. Valliere, Legal Asst.
The Heritage Company
Suite 4
103 George King Boulevard
Cape Canaveral, FL 32920

ANNUAL REPORT FILING

RECEIVED
96 MAR -7 AM 11:08
DIVISION OF CORPORATION

NAME : HERITAGE PARTNERS GROUP XX, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY
XXX PLAIN STAMPED COPY
XXX CERTIFICATE OF GOOD STANDING (A GOOD STANDING)

CONTACT PERSON: Karen A. Rozar

EXAMINER'S INITIALS: