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

PROFIT CORPORATION **ANNUAL REPORT**

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400066930 (6)

HECKMAN ENTERPRISES, INC.

Principal Place of Business Mailing Address 5571 RIVERBLUFF CIRCLE 5571 RIVERBLUFF CIRCLE SARASOTA FL 34231-5027 SARASOTA FL 34231 3. Date Incorporated or Qualified 3a. Date of Last Report 09/07/1994 06/04/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0520299 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box Trust Fund Contribution Added to Fees 23 28 Zip Country Žφ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 Florida Statutes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HECKMAN, FRED 5571 RIVERBLUFF CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34231 83 84 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 Signature typed or printed name of legislared agent and title if applicable (NOTE: Registered Agent signature required when reinstanny) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE TITLE 1.1 101.6 HECKMAN, FRED NAME 1.2 NAME 5571 RIVERBLUFF CIRCLE STREET ADDRESS 1.3 STREET ADORESS SARASOTA FL 34231 1.4 C(1Y - S1 - 2(P CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE HECKMAN, DORIS NAME 2 2 NAME 5571 RIVERBLUFF CIRCLE STREET ADDRESS 2 3 STREET ADDRESS SARASOTA FL 34231 CITY-ST-ZIP 2 4 C(1Y - S1 - Z(P DELETE Change Addition TITLE 317011 NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST- 7IP DELETE Change ___ Addition 417ITUE TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS City-St-7iP 4.4.0(TY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing does not qualify for the exemplion 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 trusted 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 ap actives.

64 CHY-ST-7IP