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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

19	996	DIVISION OF CC	DRPORATIONS			
DOCUMI 1. Corporation Na	ENT # P9400	00091881 (0)				
HEINIGE	ers, inc.				18 18181 11881 18181 18181 1181 1681	
Principal Place of	Business	Mailing Address		1,981,321,119,141,141,141,141,141,141,141,141,14		
2817 CASA ALOMA WAY WINTER PARK FL 32792		2817 CASA ALOMA WA WINTER PARK FL 3279				
MINIER PARK	A PL 32/92	WHITE CALL I CALL	•	3. Date Incorporated or Qualified 3a. D.	ate of Last Report	
				01/01/1995		
2. Principal Place	of Business	2a. Mailing Address		4. FEI Number 59 → 3288 98 7	Applied For Not Applicable	
Scito Act # 6	oto.	Suite, Apt #, etc.			\$8.75 Additional	
Suite. Apt. #, etc		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ziρ	Country	Zip	Country	8. This corporation has liability for intangible	tax under s. 199.032,	
4	25		30	Florida Statutes Yes No. 10. Name and Address of New Registere	Ad Agent	
	9. Name and Address of Currer	nt Registered Agent	81 Name	10, Name and Address of their registere		
HEINIGER, JAMES L			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
	ISA ALOMA WAY		83			
WINTER	PARK FL 32792				. 85 Zip Code	
			84 City	F	85 Zip Code	
6.01117.USE	diagent, or both, in the State of Flori and accept the obligations of Sec grane, types or prosumance of my freedays		Polyther Componential of the rotal	oration submits this statement for the purpose of aird of directors. Thereby accept the appointment		
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition	
TITLE	Ď	DELETE	1 17:116		C Change C Add from	
NAME	HEINIGER, JAMES L		1.2 NAME			
STREET ADDRESS	2817 CASA ALOMA WAY		1.3 STHEET ADDRESS			
C-TY-ST ZIP	WINTER PARK FL 32792	DELETE	2 1 TIFLE		Change Addition	
TITLE		[Dec r	2 2 NAME			
NAME STREET ADORESS			23 STREET ADDRESS			
City-SI-ZiF			2.4 CiTY - \$1 - ZiP			
TITLE		☐ DELETE	3 11111.6		Charige Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP	MAY	party page page	3.4 C/TY SI - Z/P		☐ Change ☐ Addition	
THE		DELETE	4.1 fileE			
NAMÉ			4.2 NAME			
STREET ACCRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 G-IY - ST - ZIP 5.1 TITLE		☐ Change ☐ Addition	
TITLE		- Determ	5 2 NAME			
NAME DESCRIPTIONS			5 3 STREET ADDRESS			
STREET ADDRESS			5.4.CHY+S1. ZIP			
CITY-ST-ZIP		DELETE	6 1 TIFEF		☐ Change ☐ Addition	

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 trial my signature shall have the same legal effect as if made under certify 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 pick 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6 4 Cith - ST - ZiP

SIGNATURE:

NAME

STREET ADDRESS

TED NAME OF SIGNING OFFICER OR DIRECTOR

4.29.96

407-834-0168 x22