**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P95000001393

1. Corporation Name

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

HEITNER & BLICC ENTERROLOGIC INC

HELLINE	n & nuoo entenenioeo, i	140.						
Principal Place of Business Mailing Address						* 10211001 112 (B194 B1111 S011) 00411 00111 001	II <b>48</b> :81 II 848 <del>1</del> II 18	10100 (11) 1001
3001 S.W. 15TH ST. 3001 S.W. 15TH ST.   DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442						DO NOT WRITE IN TH	IS SPACE	
						3. Date Incorporated or Qualifed		
						01/06/1995		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Api	olied For
						65-0553886	h	
25   26   Suite, Apt. #, etc.   Suite, Apt. #, etc.						_	\$8.75 A	dditional
27						5. Certificate of Status Desired	Fee Re	quired
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year		С
24	25	29	30			Personal Property Tax.		□No
Name and Address of Current Registered Agent						10. Name and Address of New Registere	d Agent	
HORE BUILD				81 Name				
HOPE, RUSS 3001 S.W. 15TH ST. DEERFIELD BEACH FL 33442				82	Street Addr	ess (P.O. Box Number is Not Acceptable)		_
				83				
				84	City	F	85 Zip C	Code
agent. I a	am familiar with, and accept the obligation of registered age				nt signature required	d when reinstating) DATE		
12.				13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE				1.1 TITLE			☐ Change	☐ Addition
NAME	HEITNER, ANDREW		1.2 N	1.2 NAME 1.3 STREET ADDRESS				
STREET ADDRESS								
				1.4 CITY-ST-ZIP				
CITY-ST-ZIP				2.1 TITLE			Change	Addition
NAME	T			2.2 NAME				
	AAAA AAN ARTII AT				T ADDRESS			
STREET ADDRESS CITY-ST-ZIP			1		T-ZIP			
TITLE			3.1 Ti		)  - Zii		☐ Change	Addition
NAME			3.2 N					
					T ADDRESS			
STREET ADDRESS	111							
CITY-ST-ZIP				3.4. CITY-ST-ZIP 4.1 TITLE			☐ Change	Addition
TITLE				4. 2 NAME			•	
NAME	NOOO, HOLE			TADDDECS				
STREET ADDRESS			4.3 STREET ADDRESS 4.4 City-St-Zip					
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			1-202				
TITLE	DEENFIELD BEACH FL 33442	☐ DELETE			1-211		Change	Addition
	DEENFIELD BEACH FL 33442	☐ DELETE	5.1 TI	TLE	1-21	<u></u>	Change	☐ Addition
NAME		☐ DELETE	5.1 TI 5.2 N	TLE AME			Change	☐ Addition
		☐ DELETE	5.1 TI 5.2 N 5.3 S	TLE AME	T ADDRESS		☐ Change	☐ Addition

CITY-ST-ZIP 14. I 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 chapted, or on an attackment with an address, with all other like empowered.

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE: 9

Change

Addition

May 06, 1999 8:00 am Secretary of State

05-06-1999 90229 006 \*\*\*150.00