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

Mar 12 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P95000016696 (3) **DOCUMENT #** HEITZ ENTERPRISES, INC. Principal Place of Business Mailing Address 11784 61ST ST. N. 11784 61ST ST. N. WEST PALM BEACH FL 33412 WEST PALM BEACH FL 33412 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/20/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0563119 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name HEITZMAN, STEPHEN T 11784 61ST ST. N. **B2** Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33412 83 84 City 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. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 11 TITLE HEITZMAN, STEPHEN T 1.2 NAME NAME 11784 61ST ST. N. 1.3 STREET ADDRESS STREET ADDRESS **WEST PALM BEACH FL 33412** CITY-ST-ZIP 1.4 CITY - ST - ZIP 8 TREUSURER DELETE 2.1 TITLE Change \_\_\_ Addition TITLE HEITZHAN, LAURA E. 11784 GIST STARET N. NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS West Paln Bch F1 33412 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 31 TITLE Change \_\_\_ Addition TITLE NAME 3.2 NAME 3.3 STREET ADORESS STREET ADDRESS 3.4. CITY-S1-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME

14. Thereby 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 4 applicmental 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 composition of the 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 composition of the report is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changition on an advision of the report is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changition of the report is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changition of the report is report as required by Chapter 607, Florida Statutes.

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 City-St-ZiP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

3-5-98 478-8444

**FILED** 

Change

■ Addition