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May 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000023152 (8)

1. Corporation Name
HERITAGE PARTNERS GROUP XVIII, INC.



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

Mailing Address
101 GEORGE KING BLVD.
SUITE 4
CAPE CANAVERAL FL 32920-3305

3. Date Incorporated or Qualified 03/22/1995
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 450 Challenger Road
Suite, Apt. #, etc.

2a. Mailing Address
26 450 Challenger Road
Suite, Apt. #, etc.

4. FEI Number 59-3304303
Applied For Not Applicable

22 City & State
23 Cape Canaveral, FL
Zip Country

27 City & State
28 Cape Canaveral, FL
Zip Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 32920 25 US

29 32920-4226 30 US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POPP, GREGORY A
101 GEORGE KING BLVD.
SUITE 4
CAPE CANAVERAL FL 32920

81 Name Popp, Gregory A.
82 Street Address (P.O. Box Number is Not Acceptable) 450 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETE
NAME	MCPHILLIPS, MICHAEL F	
STREET ADDRESS	101 GEORGE KING BLVD. SUITE 4	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	D	DELETE
NAME	MCPHILLIPS, JACQUELINE	
STREET ADDRESS	101 GEORGE KING BLVD. SUITE 4	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	V/D	Change	Addition
1.2 NAME	McPhillips, Michael		
1.3 STREET ADDRESS	450 Challenger Road		
1.4 CITY-ST-ZIP	Cape Canaveral, FL 32920		
2.1 TITLE	D/P/S/T	Change	Addition
2.2 NAME			
2.3 STREET ADDRESS	450 Challenger Road		
2.4 CITY-ST-ZIP	Cape Canaveral, FL 32920		
3.1 TITLE	V	Change	Addition
3.2 NAME	Hartman, Michael		
3.3 STREET ADDRESS	450 Challenger Road		
3.4 CITY-ST-ZIP	Cape Canaveral, FL 32920		
4.1 TITLE	V	Change	Addition
4.2 NAME	Colvard, Alison Kerr-Hull		
4.3 STREET ADDRESS	450 Challenger Road		
4.4 CITY-ST-ZIP	Cape Canaveral, FL 32920		
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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14. I do 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 changed, or on an attachment with an address.

SIGNATURE: *Alison Kerr-Hull Colvard, V.P.*
ALISON KERR-HULL COLVARD, Vice President

3/28/97 407-799-4090 ex: 284

Date Daytime Phone # 0101907

CR2E034 (9/96)