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Mar 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000041818 (2)

1. Corporation Name

HEATHROW RESTAURANT AND HSOPITALITY CONSULTING,
INC.

Principal Place of Business

197 WIMBLEDON CIRCLE
HEATHROW FL 32746

Mailing Address

940 HIGHLAND AVENUE
ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 197 Wimbledon Circle

Suite, Apt. #, etc.

22

City & State

23 Heathrow, FL

Zip

24 32746

Country

25 U.S.A.

2a. Mailing Address

26 940 Highland Avenue

Suite, Apt. #, etc.

27

City & State

28 Orlando, FL

Zip

29 32803

Country

30 U.S.A.

3. Date Incorporated or Qualified

05/23/1995

4. FEI Number

59-3318257

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

STAMP, MARTIN F
201 S ORANGE AVE
SUITE 900
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Stuart Rubinstein

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P
STUART RUBINSTEIN
1287 PRINCE COURT
HEATHROW FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S
THOMAS C. BRADSETH
452 W HOLLY DR
ORANGE CITY FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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 changed, or on an attachment with an address.

SIGNATURE: Stuart Rubinstein

Stuart Rubinstein 3/11/98

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