

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

FILED

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 # P95000044421 (2)

1. Corporation Name:  
HERITAGE TEMPLE HILL GROUP, INC.

Principal Place of Business  
450 CHALLENGER ROAD  
CAPE CANAVERAL FL 32920  
US

Mailing Address  
450 CHALLENGER ROAD  
CAPE CANAVERAL FL 32920-4226  
US

3. Date Incorporated or Qualified 06/08/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3315959	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent  
POPP, GREGORY A  
450 CHALLENGER ROAD  
CAPE CANAVERAL FL 32920

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 607.1508, 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 reissuing)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	D	MCPHILLIPS, JACQUELINE		<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS	450 CHALLENGER ROAD				
CITY- ST- ZIP	CAPE CANAVERAL FL				
TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11 TITLE	P/S/T			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12 NAME					
13 STREET ADDRESS					
14 CITY- ST- ZIP					
21 TITLE	D/V			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
22 NAME	McPhillips, Michael				
23 STREET ADDRESS	450 Challenger Road				
24 CITY- ST- ZIP	Cape Canaveral, FL 32920				
31 TITLE	V			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
32 NAME	Hartman, Michael				
33 STREET ADDRESS	450 Challenger Road				
34 CITY- ST- ZIP	Cape Canaveral, FL 32920				
41 TITLE	V			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
42 NAME	Colvard, Alison Kerr-Hull				
43 STREET ADDRESS	450 Challenger Road				
44 CITY- ST- ZIP	Cape Canaveral, FL 32920				
51 TITLE					<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	200002197622				
53 STREET ADDRESS	-06/02/97--01079--001				
54 CITY- ST- ZIP	***5733.75				
61 TITLE					<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME					
63 STREET ADDRESS					
64 CITY- ST- ZIP					

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*  
Alison Kerr-Hull Colvard, Vice President

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

CR2E034 (9/96)