FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996 . **DOCUMENT #**

P95000054380 (7)

HEI RING	COMMI	INICATIONS	INC

Principal Place of	Business	Mailing Addres	s				II Ho idi Taib i H ibii dib	
22483 OLEAN BLVD. PORT CHARLOTTE FL 33952			22483 OLEAN BLVD. PORT CHARLOTTE FL 33952					
		PORT CHA				3. Date Incorporated or Qualified	3a. Date of Last	Report
						07/10/1005		
2. Principal Place	of Business	2a. Mailing Ado	dress			4. FEL NUMBER 1		Applied For
21		26				65-0598595		Not Applicable
Suite, Apt. #, 6	etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired		75 Additional ee Required
22		City 8 State				6. Election Campaign Financing		.00 May Be
City & State		City & Stat	·			Trust Fund Contribution	T -	ded to Fees
Zip	Country	Zip	Γ	Country		8. This corporation has liability for in		rs 199.032,
24	25	29	3	0		Florida Statutes 🔲 Yes	≥ No	
	9. Name and Address of Curre	ent Registered Agen	ıt			10. Name and Address of New Re	gistered Agent	
				81	Name			
HELBING, THEODORE F 22483 OLEAN BLVD. PORT CHARLOTTE FL 33952					Street Add	lress (P.O. Box Number is Not Acceptable	e)	
				B3				
				53				
				84	City		FI 85	Zip Code
y	the provisions of Sections 207 057	12 and 607 1508 Fig.	rida Statutos	the above r	amed come	oration submits this statement for the purp	oose of changing i	ts registered offic
or registered familiar with,	d agent, or both, in the State of Flo and accept the obligations of, Se	nda. Such chance wa	as authorized t	ny the corp	oration's boa	and of directors. Thereby accept the appo	ontment as regist€	red agent. Lam
SIGNATURE $-\frac{1}{SI_2}$	gratum typed or printed name of registerion ag-	erta dittik ihappisette	NOTE F	Registered Aper	tsgrature regun	işil wina renstalıngi	DATE	
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI		
TITLE	DELETE DELETE		DELETE	1.1 TILLE			Cnar	ige 🔲 Addition
NAME	President			1.2 NAME				
STREET ADDRESS	Theodore F Helbing			13 STREET ADDRESS				
CITY-ST-ZiP	Port Charlotte, FL 33952H		NOTE.	14 CITY - S 2 1 TITLE	i - ZiP	Change		ige Addition
TITLE	Port Charlotte	:, гь эжи	اليورو ا	2 1 title 22 NAME			_ va.	. —
NAME OTDECT ADDDCCC				2.2 NAME 2.3 STREET	ADDRESS			
STREET ADDRESS				2 4 CITY - 5				
CITY - ST - ZIP			DELETE	3 1 TITLE			Char	nge 🔲 Addition
NAME		_		3.2 NAME				
1					- 1			
STREET ADDRESS				33 STREE	I ADDRESS			
STREET ADDRESS City-St-ZIP				3.3 STREE 3.4 CITY-5				200
i .			DELETE	3.4 CITY - 5 4. 1 TITLE			Cha	nge 🔲 Addition
C(1Y-ST-ZIP			DELETE	3.4 C(TY-1 4.1 TITLE 4.2 NAME	ST-ZIP		☐ Cna	nge 🔲 Addition
C(1Y-ST-7IP TITLE			DELETE	3 4 C(TY-5 4. 1 TITLE 4.2 NAME 4 3 STREE	ST-ZIP I ADDRESS	40000177	- 20614	<u> </u>
CHY-ST-ZIP TITLE NAME				3.4 C(TY-) 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 C(TY-)	ST-ZIP I ADDRESS	40000177 -04/05/36010	- 20614	<u> </u>
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SIGNATURE:

SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Theodore F Helbing

3-20-96 941-943-516/

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