

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000057479 (4)

1. Corporation Name

HEARTLAND INVESTMENT GROUP, INC.



Principal Place of Business

520 DEVONSHIRE BLVD
LONGWOOD FL 32750

Mailing Address

520 DEVONSHIRE BLVD
LONGWOOD FL 32750

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc

27

City & State

28. City & State

29

Zip

Country

Zip

Country

30

9. Name and Address of Current Registered Agent

SHUDAN, JAMES A
520 DEVONSHIRE BLVD
LONGWOOD FL 32750

3. Date Incorporated or Qualified

07/24/1995

3a. Date of Last Report

4. FEI Number

59-3332537

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

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

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

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

(NOTE: Registered Agent signature required when renstating)

DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SHUDAN, JAMES A 520 DEVONSHIRE BLVD LONGWOOD FL 32750	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> DELETE	1.2 NAME	
STREET ADDRESS		<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
CITY-ST-ZIP		<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> DELETE	2.2 NAME	
STREET ADDRESS		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
CITY-ST-ZIP		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> DELETE	3.2 NAME	
STREET ADDRESS		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
CITY-ST-ZIP		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> DELETE	4.2 NAME	
STREET ADDRESS		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> DELETE	5.2 NAME	
STREET ADDRESS		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> DELETE	6.2 NAME	
STREET ADDRESS		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

403

SIGNATURE:

James A. Shudan

1-15-96

767 8420

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)