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

PROFIT CORPÓRATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000057479 (4)

HEARTLAND INVESTMENT GROUP, INC.

Principal Place of Business Mailing Address

520 DEVONSHIRE BLVD
LONGWOOD FL \$2750

LONGWOOD FL 32750

FILED Jul 16 1998 8:00am Secretary of State



LONGWOOD FL \$2750		LONGWOOD FL 32750		DO NOT WRITE. IN THIS SPACE			
					3. Date Incorporated or Qualified 07/24/1995		
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21		26	26		59-3332537		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			8. Election Campaign Financing	\$5.00	May Ro
23	•	28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	y	B. This corporation owes or has paid the cu	urrent year Inta	angible
24	25	29	30		Personal Proporty Tax due June 30.	Yes 🗀] No
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registered	Agent	
SH	UDAN, JAMES A		81	Name			
520 DEVONSHIRE BLVD			82	Stroot Ac	dress (P.O. Box Number is Not Acceptable)	•	
IO	NGWOOD FL 32750		02	SUBBL AU	diless (F.O. Box Number is Not Acceptable)		
-	10,1000 12 02:00		83				
			<u> </u>				
			84	City	FI	85 Zip C	loae
11. Pursuant to office or re	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o	.0502 and 607.1508, Florida Sta state of Florida Such change wa blinglions of Specien 607.0505	itules, the abov as authorized b Florida Statute	e-named co y the corpore	orporation submits this statement for the purpose or ration's board of directors. I hereby accept the ap	of changing its pointment as r	s registered registered
SIGNATURE	ar raininal wain, and accept the o	singanona or, occiton oci wood,	TIONGG Otalate	0.			
SIGNATURE	Signature: typed or presed name placy-stee		NOTE: Registered Ag	ent signature roo	quired when reinstating) DATE		
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D	DELETE	1.1 Till.€			∐ Change	Addition
NAME	S HUDAN, JAMES A		1.2 NAME				
STREET ADDRESS	520 DEVONSHIRE BLVD		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	LONGWOOD FL 32750		1.4 COY-	S1 - ZIP			
TITLE		☐ DELFTE	2.1 TITLE		•	Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	1 ADDRESS	·		
CITY - ST - ZIP			2. 4 City -	ST-ZIP			
1ITL E		☐ DELETE	3.1 THILE			L Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS	•		
CITY-ST-ZIP	4		3.4. CITY-	ST-ZIP			
TITLE		☐ DELFTE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
Crty-S1-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	51 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	i addréss			
CITY-ST-ZIP			5 4 C/TY-	ST-ZIP			
TITLE		☐ DELETE	61 TITLE		,	Change	Addition Addition
NAME			6 2 NAME				
STREET ADDRESS			6 3 STREE	t address			
CITY-ST-ZIP			64 C/TY-	SY-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.

CR2E034 (10/9