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

PROFIT CORPORATION ANNUAL REPORT

1997



DOCUMENT # **P95000061152 (1)**

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jun 10 1997 8:00am Secretary of State

HERITA	GE PARTNERS GROUP XXV	, INC.								
Principal Place of Business Mailing Address 450 CHALLENGER ROAD CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920			920-4226)- 422 6		I ADDINGAL FRE LUIDI DIVIL DONIT PARTE DORM DENA DIVOT FIDOT ALBAT GRAFO 1101 ADDI				
					08/	e Incorporated or Qualifie 08/1995	04/	Date of Last F /09/1996	Report	
2. Principal F	Place of Business	2a, Mailing Address			4. F£.I	Number 59-33285	55	IA	pplied For	
21	U -4	26			Ar	PPLIED FÖR	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	But of the Park Water Street	ot Applicable	
Suite, Apt 22		Suite, Apt. #, etc.			5. Cer	tificate of Status Desired	X	\$8.75 Additional Fee Required		
City & Star	1e	City & State			6. Elec	ction Campaign Financing		\$5.00	May Be	
23		28				st Fund Contribution	Щ		to Fees	
Zip	Country	Zip	Country	′		s corporation has liability for			3. 199.032,	
24	25 9, Name and Address of Currer	29	30]		and the second s	rida Statules me and Address of New I	Yes			
000		it Hedistored Adeur	81	Name	10, 140	ille allu Audiess Ul IYew	registered	Myoni		
POPP, GREGORY A ESQ. 450 CHALLENGER ROAD										
	E CANAVERAL FL 32920		82	Street A	Address (P.O. I	Box Number is Not Accep	lable)			
O/G	E ONITATEINE I E OESEO		83							

			84	City			FL	85 Zip	Code	
office or agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig							or changing in pointment as	ts registered : registered	
12.	Signature, typed or printed name of registered agr	D DIRECTORS (NC.	13.	ant signature	required when reinst	ialing) ITIONS/CHANGES TO OF	DATE FICERS AN	ID DIBECTOR	28 (N. 12	
TITLE	D	DELETE	1 1 TITLE					Change	Addition	
NAME	MCPHILLIPS, JACQUELINE		1.2 NAME		P/3/1				DC 1	
STREET ADDRESS	450 CHALLENGER ROAD		1.3 STREET	ADDRESS						
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		1.4 CiTY - S							
TITLE	D	☐ DELFTE	21 711LE		v			Change	X Addition	
NAME	MCPHILLIPS, MICHAEL		2.2 NAME		•					
STREET ADDRESS	450 CHALLENGER ROAD		2 3 STREET	ADDRESS						
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		2 4 CHY-	51 - ZIP						
TITLE	V	DELETE	3.1 1111.6					☐ Change	Addition	
NAME	HARTMAN, MICHAEL		3.2 NAME	3.2 NAME						
STREET ADDRESS	450 CHALLENGER ROAD		3.3 STREE	ADDRESS						
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		3.4. C(1Y-							
TITLE		☐ DELETE	4.1 1011.6		V .			Change	Addition	
NAME			4. 2 NAME			, Alison Kerr-l	Hull			
STREET ADDRESS			4.3 STREET			llenger Road				
CITY-ST-ZIP		Drugg	4.4 CITY - S) - 210°	Cape Car	naveral, FL 3	2920	-		
TITLE		☐ DETEJE	5.1 T(11.E					Change	Addition	
NAME STORES ABORDON			5.2 NAME	48.00		7000021:	976	17		
STREET ADDRESS			5.3 STREET	1		-06/02/9701	0790	101		
CITY-ST-ZIP		DELETE	5.4 CITY - S	1 - ZIP		***5733.75 —		Change	Addition	
TITLE		FILL MUTTE	6.1 TITLE	l				— ⊾nange		
NAME STREET ADDRESS			6.2 NAME	ADDDLOC				ı	1210	
			6.3 STREET					,	V)	
CITY-ST-ZIP	L		64 CITY - 9	1 - 50.						

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 eath; 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.

3/28/07 /07-700-4000 ext 28/