


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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P95000067939 (5)

1. Corporation Name

HERITAGE REFERRAL COMPANY, INC.

Principal Place of Business

17521 U.S. HWY. 441, STE. 21
MOUNT DORA FL 32757

Mailing Address

~~8051 MORNINGSIDE DR~~
~~MOUNT DORA FL 32757~~
~~US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 17521 US Highway 441		09/01/1995	
22 City & State		27 Suite 21		4. FEI Number 3333961	
23 Zip		28 Mount Dora, FL		59	
24 Country		29 32752		30 Lake	
25		30		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent

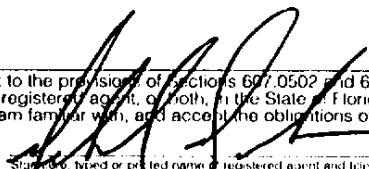
~~HOLDEN, WALTER M.~~
~~17521 U.S. HWY. 441, STE. 21~~
~~MOUNT DORA FL 32757~~

10. Name and Address of New Registered Agent

81 Name Michael Goodman
82 Street Address (P.O. Box Number is Not Acceptable) 17521 US Highway 441, Ste. 21
83
84 City Mount Dora FL 85 Zip Code 32757

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 for if applicable

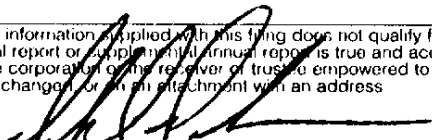
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P/D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Owner D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BAKER, WILLIAM F JR.			1.2 NAME	Michael Goodman		
STREET ADDRESS	2051 MORNINGSIDE DRIVE			1.3 STREET ADDRESS	1431 Adair Ave.		
CITY-ST-ZIP	MOUNT DORA FL			1.4 CITY-ST-ZIP	Orlando, FL 32818		
TITLE	S/D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLDEN, WALTER M.			2.2 NAME			
STREET ADDRESS	1880 PINEWAY COURT			2.3 STREET ADDRESS			
CITY-ST-ZIP	MOUNT DORA FL			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-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 in an attachment with an address.

SIGNATURE:



CR2E034 (10/97)