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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000077736 (3) DOCUMENT #

HEDDIECO, INC.

Principal Place of Business

4931 S.W. 94TH WAY

Mailing Address

4931 S.W. 94TH WAY

## **FILED** Apr 21 1998 8:00am Secretary of State



OOOPEN ON TE SSSEO		COOPER CITTE SOME				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 10/05/1995			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Api	plied For
21		26		_		65-0618026		No	. Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	te	City & State				6. Election Campaign Financing Trust Fund Contribution		5.00 dded to	May Be
Zip	Country	Zip	Co	untry		8. This corporation owes or has paid the cur			
24	25	29	30	_		· · · · · · · · · · · · · · · · · · ·	Yes		No
	g, Name and Address of Curre	nt Registered Agent	_13=1	T		10. Name and Address of New Registered	Agent		
MC	DORE, SUSAN			61	Name				
	31 S.W. 94TH WAY			82	Stroot Addr	ress (P.O. Box Number is Not Acceptable)			
	OOPER CITY FL 33328			62	Street Addre	ess (P.O. Box Number is Not Acceptable)			
				83	í				
				1			1		
				84	City	FL	85	Zip C	ode
office or agent. I a						oration submits this statement for the purpose o rion's board of directors. I hereby accept the app	ointrne	int as i	registered
	Signature typed or prefet name of registered as				int signature require	ed when reinstating) DATE			
12.	PD OFFICERS AN	ND DIRECTORS  DELETE	13.		··	ADDITIONS/CHANGES TO OFFICERS AND	) DIRE		S IN 12 Addition
THILE	MOORE, JOHN D	L' DEFEIE		TITLE	{		LJ U	range	L_I Addition
NAME	4931 S.W. 94TH WAY			NAME					
STREET ADDRESS	COOPER CITY FL 33328				ADDRESS				
CITY-ST-ZIP	ST ST	DELETE	_	CITY-S	T-ZIP		Ch	hnnoo	L_ Addition
TIFLE	MOORE, SUSAN	L DELETE		THTLE				апус	L_J Addition
NAME	4931 S.W. 94TH WAY			NAME	4200000				
STREET ADDRESS	COOPER CITY FL 33328		1		ADDRESS				
CITY-ST-ZIP TITLE	COOPER CITY PE 35320	DELETE		CITY - : TITLE	ST-ZIP		Ch	12000	Addition
		C) prefit		NAME	1		L.J (/1)	in go	[_] Notition
NAME STREET ADDRESS	1				ADDRESS				
CITY-ST-ZIP	1				ST-ZIP				
TITLE		DELETE		TITLE	21-21		Ch	nange	Addition
NAME	1			NAME	}			<b>0</b> -	
STREET ADORESS					ADDRESS				
CITY-ST-ZIP	1			C(TY - S	]				
TITLE		DELETE		TITLE	- CH		Ch	hange	Addition
NAME		_		NAME	{		-	-	
STREET ADDRESS	1				ADDRESS				
CHY-ST-ZIP	[			CITY-S	,				
TITLE	<del>                                     </del>	DELETE		TITLE			Ct	nange	Addition
NAME		_	- 1	NAME	(		-		
STREET ADDRESS					ADDRESS				
CITY OF DIE	1			OITV S	- 1				

14. I hereby certify that the information supplied with this filling 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 B-ock 12 or Block 13 it change for on an attachment with an address.