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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000087343

1. Corporation Name

HERITAGE PARTNERS GROUP XXVI, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 450 CHALLENGER RD. CAPE CANAVERAL FL 32920		Mailing Address 450 CHALLENGER RD. CAPE CANAVERAL FL 32920	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24 25		29 30	
9. Name and Address of Current Registered Agent POPP, GREGORY A 450 CHALLENGER RD. CAPE CANAVERAL FL 32920			
10. Name and Address of New Registered Agent 81 Name: Michael A. Hartman 82 Street Address (P.O. Box number is Not Acceptable): 450 Challenger Rd 83 84 City: Cape Canaveral FL 85 Zip: 32920			
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: <i>Michael A. Hartman</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DPST NAME: MCPHILLIPS, JACQUELINE STREET ADDRESS: 450 CHALLENGER RD CITY-ST-ZIP: CAPE CANAVERAL FL 32920		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE: DV NAME: MCPHILLIPS, MICHAEL STREET ADDRESS: 450 CHALLENGER RD. CITY-ST-ZIP: CAPE CANAVERAL FL 32920		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE: V NAME: HARTMAN, MICHAEL STREET ADDRESS: 450 CHALLENGER RD. CITY-ST-ZIP: CAPE CANAVERAL FL 32920		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE: V NAME: COLVARD, ALISON K STREET ADDRESS: 450 CHALLENGER ROAD CITY-ST-ZIP: CAPE CANAVERAL FL 32920		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Alison Kerr-Hull Colvard* ALISON KERR - HULL COLVARD 2/15/99 407-799-4090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)