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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000088788 (1)

HEIR SEARCH SERVICES, INC.

	HEIR SEARCH SERVICES, INC.					
-	Principal Place of Business	Mailing Address				
Si Pi	158 LAKEVEW BOULEVARD ORT CHARLOTTE FL 33948	3158 LAKEVEW BOULEVA PORT CHARLOTTE FL 33				

FILED Apr 28 1997 8:00am Secretary of State



PORT CHARLOTTE FL 33948		PORT CHARLOTTE FL 33948-6321						
					3. Date Incorporated or Qualified 11/17/1995	3a. Date 03/30/		Report
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	.1		pplied For
21		26	26		65-0634273			lot Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			E Outstand Out - Desired		\$8.75	Additional
22		27		5. Certificate of Status Desired	Ш	Fee P	Required	
City & Stat	le	City & State			Election Campaign Financing Trust Fund Contribution	<u> </u>		May Be
Zip	Country	Zup	Coun	rv	8. This corporation has liability for in	otopolbio to		
24	25	29	30	• •		ntangible ta:		s. 199.032,
	9. Name and Address of Curre	11	1001	.	10. Name and Address of New Reg			
ROW	VERING, DOUGLAS		8	1 Name		<u></u>		
	LAKEVEW BOULEVARD							
	T CHARLOTTE FL 33948		ε	2 Street Add	lress (P.O. Box Number is Not Acceptab	lo)		
FOR	CIRCLOTTE I E 00070		8	3				
				1				
			8	4 City		FL	85 Zip	Code
44 Diseasions	to the provinions of Scations 607.00	02 and 607 1509 Floride Otal	luton the of a	l nonced see	poration authority this statement for the -		lana'r r	len ennintere
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stati	oz and buz. 1508, Florida Stal e of Florida. Such change wa	iules, inc abo is authorized	ive-named cor by the corpora	poration submits this statement for the partion's board of directors. I hereby accept	urpose of ch of the appoin	anging Iment as	ns registered s registered
agent. I a	am tamiliar with, and accept the obliq	gations of, Section 607.0505,	Florida Statut	es.				
SIGNATURE								
	Signature, typed or printed name of registered ag		——— <u>—</u> ————	gent signature requ	eirod when reinstating)	DATE	TOF OT A	
12.	OFFICERS AF	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC		Change	
TITLE	BOWERING, DOUGLAS	L. DELETE	1.1 1111				r Change	FTI MODILION
NAME	3158 LAKEVEW BOULEVARD		1.2 NAV	_				
STREET ADDRESS			i i	E1 ADDRESS				
CITY-ST-ZIP	PORT CHARLOTTE FL 33948			- ST - 7(P	······································			
TITLE		DELETE	2.1 TITL			L	Change	Addition
NAME			2.2 KAN	E				
STREET ADDRESS			2.3 S1R6	ET ADDRESS	•	21.1		
CITY-ST-ZIP				'- ST - Z(P			,	
TITLE		DELETE	3.1 TITE) Change	Addition
NAME			3.2 NAM	£				
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4 CITY	'- \$7 - 7 IP				
TITLE		☐ DELETE	4.1 1(1L)				Change	Addition
NAME			4. 2 NAN	'ξ				
STREET ADDRESS			4.3 S1RE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY	- S1 - ZIP				
TITLE		☐ DELETE	5.1 1111				Change	Addition
NAME			5.2 NAM	ŧ				
STREET ADDRESS	1		5.3 STRE	ET ADDRESS				
CITY-ST-ZIP	i			- \$1 - 7IP				
TITLE		DELETE	6.1 TITU			. [Change	Addition
NAME		 ···	6.2 NAM			b	. 4	
STREET ADDRESS				ET ADDRESS				
CITY-ST-7IP								
CHY-SI-ZIP	ı		■ 64 CITY	- S1 - 7IP				

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 oath; that I am an officer or director of the corporation or the receiver or flustee 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.

A deal House

100, 21/92

(011)255.5340