## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

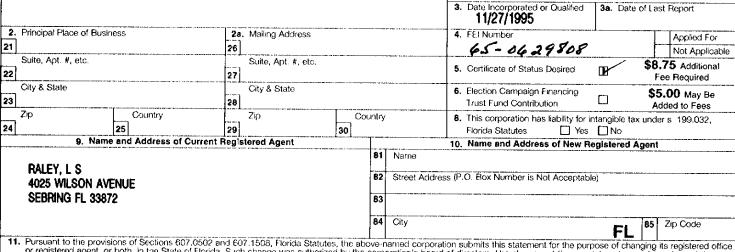
P95000089671 (8) DOCUMENT # 1. Corporation Name

HEAHTLAND	MANAGEMENT	GROUP, INC.	

Principal Place of Business 4025 WILSON AVENUE SEBRING FL 33872

Mailing Address

4025 WILSON AVENUE SEBRING FL 33872



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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Secretary and grants of coolers o						
SIGNATURE Signature, typed or printed name of registered agent and title. It as placetion. (NOTE: Rog stered Agent signature required when retinating).  DATE  DATE						
12.	OFFICERS AND DIFFECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P. S. T DELETE	1. 1 TITLE	Change Addition			
NAME	1. S. RALEU	1.2 NAME				
STREET ADDRESS	4025 WILSON AVE	1.3 STREET ADDRESS				
CITY - S1 - ZIP	P. S. T DELETE  L. S. RALEY  4025 WILSON AVE  SEBRING FL 33872	14 CITY-ST-718				
TITLE	DELETE	2 1 TITLE	☐ Change ☐ Addition			
NAME		2.2 NAME	المارين			
STREET ADDRESS		2.3 STREET ADDRESS				
CITY-ST-ZIP		2 4 CITY - ST - ZIP				
TITLE	DELETE	3. 1 TITLE	Change Addition			
NAME		3.2 NAME	· · · · · · · · · · · · · · · · · · ·			
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3.4 CITY-ST-ZIP				
TITLE	DELETE	4. 1 TITLE	☐ Change ☐ Addition			
NAME		4.2 NAME	<del></del>			
STREET ADDRESS		4.3 STREET ADDRESS				
CITY - ST - ZIP		4.4 CITY-ST-ZIP				
TITLE	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition			
NAME		5.2 NAME	<del></del>			
STREET ADORESS		5.3 STREET ADDRESS				
CITY-SY-ZIP		5.4 CITY - ST - ZIP				
TITLE	DELETE	6. 1 TITLE	Change Addition			
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				
CITY-ST-ZIP		6.4 CITY - S1 - 2IP				

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Fiorida 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 13 if changed, of on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

4/30/94 941-314-0001

CR2E034 (12/95)