

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000089988 (6)

1. Corporation Name

AMERICA'S HERITAGE GROUP INC.



Principal Place of Business

Mailing Address

~~4407 NO. 7TH STREET~~
DADE CITY FL

14407 NO. 7TH STREET
DADE CITY FL

2. Principal Place of Business

2a. Mailing Address

21 37810 Meridian

26 37810 Meridian

3. Date Incorporated or Qualified
11/27/1995

3a. Date of Last Report

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Dade City

28 Dade City

24 Zip Country

29 Zip Country

25 33525

30 33525

4. FEI Number

59-3353290

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MICIEK, M W

14407 NO. 7TH STREET
DADE CITY FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

37810 Meridian

83

84 City

FL

85 Zip Code

33625

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

M. Miciel Broker/Pres.

4-26-96

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reissuing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME DAVIS, RONALD I
STREET ADDRESS 13618 GREENFIELD DRIVE
CITY-ST-ZIP TAMPA FL 33624

1.1 TITLE

☐ Change

☐ Addition

TITLE D ☐ DELETE
NAME MICIEK, M W
STREET ADDRESS 10851 HIGHVIEW
CITY-ST-ZIP DADE CITY FL 33525

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

14. 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), 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.

SIGNATURE:

M. Miciel Broker/Pres.

4-26-96 352-521-7007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)