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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000007926 1. Corporation Name

FILED Jan 21, 1999 8:00am Secretary of State 01-21-1999 90077 014 ***150.00

HERITAGE SQUARE MANAGEMI	ENT CORPORATION							
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Principal Place of Business	Mailing Address				-			
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701 CRICKET LAKE DR 701 CRICKET LAKE DR NAPLES FL 33962 NAPLES FL 33962					3.00 6			•
* 8 .					DO NOT WRI	TE IN THI	S SPACE	
	State of the state				3. Date Incorporated or Qualifed			
					01/22/1996			
2. Principal Place of Business	2a. Mailing Address				4. FEI Number			Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.				65-0685002		\$8.7	Not Applicable 5 Additional
22	27				5. Certificate of Status Desired		,	Required
City & State	City & State				6. Election Campaign Financing	~	\$5.0	00 May Be
23	28				Trust Fund Contribution			ed to Fees
Zip Country	Zip	Cou	ntry		8. This corporation owes the curr	ent year Ir	_=	_
24 25	29	30			Personal Property Tax.		Yes	□No
9. Name and Address of Cu	5		81 Na	ame	10. Name and Address of New F	kegisterec	Agent	
MAGDALENER JOSEF	e in the second of the second	i	IN IN	E				
MAGDALENER, JOSEF 701 CRICKET LAKE DR			82 St	reet Addres	ss (P.O. Box Number is Not Accepta	ible)		
NAPLES FL 33962			83			12 (V 1 2 2	1.1 73.1	31.7 (31.7 2 H (31.7 -
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		j	84 Ci	ty		FI	85 Z	ip Code
	****							ite registered
.11. Pursuant to the provisions of Sections 607	.0502 and 607.1508, Florida Statu	tes, the al	bove-nai	med corpor	ration submits this statement for the	purpose o	of changing	is registered
.11. Pursuant to the provisions of Sections 607	itate of Florida. Such change was a	authorized	l by the (med corpor corporation	ration submits this statement for the 's board of directors. I hereby accep	purpose of the appo	of changing pintment as	registered
office or registered agent, or both, in the S agent. I am familiar with, and accept the of	itate of Florida. Such change was a	authorized	l by the (med corpor corporation	ration submits this statement for the n's board of directors. I hereby accep	purpose o	of changing pintment as	registered
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receive ceruly that the morrhauon supplied with this filling does not quality 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 attagment with an address, with all other like empowered.