**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000022003

Principal Flace of Business	_
AGG BAIK AVE	

## Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90251 024 \*\*\*150.00

HERITAG	GE VENTURES, INC.											
Principal Flace	e of Business	Mailing Address					- 1 CHANGAN ISA MASIN ASINI KANIN AN	tet <b>au</b> ille <b>e</b> t i	.c# ( <b>(8</b> (.)81)	*******	EK <b>EE</b> EIKK I <b>BE</b> I	
420 OAK AVE SANFORD FL 32771							DO NOT WR	TE IN TI	IIS SPACE	Ē		
							3. Date Incorporated or Qualifed					
							03/07/1996			- <del></del> -		
2. Principal Pt	ace of Business	2a. Mailing Address					4. FEI Number		-	<del></del> -	lied For	
21		26					59-3:374828		#0		Applicable	
Suite, A.pt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate of Status Desired	Certificate of Status Desired See Required				
City & State	е	City & State					6. Election Campaign Financing			.00 ∖ ided to	May Be	
7:-	Country	7in	Coul	ntry			Trust Fund Contribution	ent voor			rees	
Zip	25 Country	¬ · · · · · · · · · · · · · · · · · · ·		Country 8			This corporation owes the current ye Personal Property Tax.		∏Yes ☐No		□No	
24	9. Name and Address of Currer	. <del> </del>	1301				10. Name and Address of New	Register	d Agent			
				81	Name							
	GETT, WALTER		ŀ	82	Street	Addres	ss (P.O. Bo;; Number is Not Accept	able)				
	OAK AVE FORD FL 32771			-								
SAN	TUNU FL 32111			83								
				84	City			F		Zip Co		
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was	authorized	DV '	the com	corpoi oration	ration submits this statement for the i's board of directors. I hereby acce	purpose pt the app	of changli iointment	ng its i as regi	egistered istered	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E Registered	Agen	t signature i	req iired v	when reinstating)	DATE				
12.		ID DIRECTORS	13.				ADDITIONS/CHANGES TO OF	FICERS				
TITLE	D	☐ DELETE	11 TITLE						☐ Ch	ange	☐ Addition	
NAME	PADGETT, WALTER		1.2 NAME									
STREET ADDRESS	420 OAK AVE				ADDRESS							
CITY-ST-ZIP	SANFORD FL 32771	□ DELETE	1.4 CIT		r-ZIP	<b>⊢</b> —			□ Ch	2000	Addition	
TITLE	DADOCTT DOSCUTA	☐ DELETE	2.1 TIT			1				ango		
NAME	PADGETT, ROBERTA 420 OAK AVE		2.2 NA		ADDRESS							
STREET ADDRESS	SANFORD FL 32771		2.4 CI									
CITY-ST-ZIP TITLE	OAN OND TE GETT	☐ DELETE	3.1 TIT	_	1-211				☐ Ch	ange	Addition	
NAME	n		3.2 NA	ME								
STREET ADDRESS			3.3 ST	REET	ADDRESS							
CITY-ST-ZIP			34. CI	TY-\$	T-ZIP							
TITLE		☐ DELETE	4 1 TIT	LE					☐ Ch	ange	Addition	
NAME			4. 2 N	AME		İ						
STREET ADDRE 3S			4.3 ST	REET	ADDRESS	1						
CITY-ST-ZIP			4.4 CI		r-ZIP	$\vdash$					Addis	
TITLE		☐ DELETE	5.1 TIT						☐ Ch	ange	☐ Addition	
NAME			5.2 NA		4000000	ļ					ļ	
STREET ADDRE 3S					ADDRESS							
CITY-ST-ZIP		□ DELETE	5.4 CIT	_	1-ZIP				Ch	ange	Addition	
TITLE		☐ nëre je	6.2 NA			l				igo		
NAME					ADDRESS							
STREET ADDRESS			0.3 31	MEET	MUNICOO							

14. Thereby 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 signaltine shall have the same legal effect as if made under cath; 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 or on an attachment with an address, with a Lother like empowered. CITY-ST-ZIP

SIGNATURE:

TADGETT WALTER

CR2E034 (11/98)