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 # P96000023663 (3)

HERITAGE RIVERS BEND GROUP, INC.

Principal Place of Business 450 CHALLENGER ROAD CAPE CANAVERAL FL 32920 Mailing Address

450 CHALLENGER ROAD CAPE CANAVERAL FL 32920-4226 Page 1/2

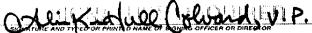
FILED 97 JM 31 PM 2:27

CSCALIARY OF STATE
FALLARASSEE FAORDA

					3. Date Incorporated or Qualified 3s. Date of Last Report 03/15/1996						
2. Principal P	2a. Mailing Address	η Διλίκος			4. FEI Number		Ann	lied For			
·······						59-3367666	<u> </u>	Not Applicable			
21 Cuitz Arst	26 Suite, Apt #, ctc. Suite, Apt #, etc.						_ ¢ a				
22		27				5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & Stat	6	City & State				6. Election Campaign Financing \$5.00 May Be					
23		28				Trust Fund Contribution	.) A(ded to	Fees		
Zip	Country	Zip	Cou	Country		8. This corporation has liability for inta-	ngible tax un	der s.	199.032,		
24	25	29	30			Florida Statutes Yes No					
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Regist	tered Agent				
MCP	HILLIPS, JACQUELINE U			81	Name						
450 CHALLENGER ROAD					82 Street Address (P.O. Box Number is Not Acceptable)						
CAPE CANAVERAL FL 32920				82	Street A	Address (P.O. Box Number is Not Acceptable)					
UNIT	E OVINATION I F OFFE			83		7050000	7512	O-			
				84	City		FL 85	Zip C	ode		
							* *** ;				
office or i	registered agent, or both, in the Stat	e of Florida. Such change wa	as authorize	d by	the corp	corporation submits this statement for the purp oration's board of directors. I hereby accept the	oose of chang ne appointme	ging its ent as r	registered egistered		
agent. Fa SIGNATURE	m familiar with, and accept the obliq	данопу он ъесноп юси сосор,	, riorida Sia	lules	5,						
SIGNATURE	Signature, typed or printed name of registerod as	gent and title if opphicable (I	NOTE. Registere	d Age	nt Bignature	required when reinstating)	DATE				
12.	OFFICERS AND DIRECTORS 13		13.	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			3 IN 12		
TIFLE	D	DELETE	: 1.1 T	1.1 TITLE		P,S,T	X Ch	ange	Addition		
NAME	MCPHILLIPS, JACQUELINE		1.2 N	1.2 NAME							
STREET ADDRESS	THE CLASS WILLIAM BOAR			1.3 STREET ADDRESS							
CITY-ST-ZIP TITLE	D DELETE			2.1 TITLE		VP	fx Cr	ange	Addition		
	MCPHILLIPS, MICHAEL					*1	44. **	/g v			
NAME	450 CHALLENGER ROAD		2.2 N								
STREET ADDRESS				2.3 STREET ADDRESS							
C(1Y+ST+Z)F	CAPE CANAVERAL FL 32920			2 4 CiTY - ST - ZIP					La diament		
TITLE	·				VP	□ Cł	iange	Addition			
NAME			32 N	LAME		Hartman, Michael A.		•			
STREET ADDRESS						450 Challenger Road					
CITY-ST-Z#			3.4.			Cape Canaveral, FL 32920					
1:ILF		☐ DELETE	411	ITLE	1	VP	☐ Ci	ange	X Addition		
NAME			4.2	NAME	}	Colvard, Alison Kerr-Hul	11		•		
STREET ADDRESS			4.3 5	TREET	ADDRESS	450 Challenger Road					
CITY ST-ZIP			441	OTY-S	T-ZIP	Cape Canaveral, FL 3292	20				
DIGE		DELETE	5.1 7			WIND W. VIRGIN V MASSAUL A.M., JAZA		nange	Addition		
NAME	İ			IAME				-			
I	İ				ADORESS						
STREET ADDRESS											
CITY - ST - ZIP		T OF FTE		**********	T-2IP	· · · · · · · · · · · · · · · · · · ·	Tin	nange	☐ Addition		
TITLE				6.1 TITLE		m		ra iye	rm vansan		
NAME	6		6.21	6.2 NAME		1116	WB				
STREET ADDRESS			6.3 9	STREET	ADDRESS						
CITY - S1 - Zi₽					7-7P						
44 (4-5	decreased the their inference of one or assist	ind with this bling done not a	alit . San she			totad in Section 110 07/3\(i) Florida Statutes I	distant		h-a		

14. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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



1/30/97

407-799-4090

time Phone #

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Page 2 of Z



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97 JAN 31 PM 2: 27

ACCOUNT NO.

072100000032 SECRETARY OF STATE

REFERENCE

244529

TALLAHASSEE, FLORIDA 82015A

AUTHORIZATION

COST LIMIT

ORDER DATE: January 31, 1997

ORDER TIME : 12:32 PM

ORDER NO. : 244529-015

CUSTOMER NO:

82015A

000002075120--2

CUSTOMER:

Alice C. Valliere, Legal Asst

The Heritage Company 450 Challenger Road

Cape Canaveral, FL 32920-4226

ANNUAL REPORT FILING

NAME:

HERITAGE RIVERS BEND

GROUP, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: W. Charles Earnest

EXAMINER'S INITIALS