FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address 450 CHALLENGER ROAD

CAPE CANAVERAL FL 32920-4226

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

CAPE CANAVERAL FL 32920

450 CHALLENGER ROAD



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000023664 (1)

HERITAGE PARTNERS GROUP XXVIII, INC.

3. Date Incorporated or Qualified 03/15/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite Apt. # etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Country 8. This corporation has liability for intangible tax under s. 199.032, 29 Yes No 25 30 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MCPHILLIPS, JACQUELINE 81 Gregory A., Esq. **450 CHALLENGER ROAD** Street Address (P.O. Box Number is Not Acceptable) 450 Challenger Road CAPE CANAVERAL FL 83 84 Cape Canaveral 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 Signalines, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. 96/6) DELETE Change X Addition 1.1 TITLE BILL P/S/T MCPHILLIPS, JACQUELINE 1.2 NAME NAME 450 CHALLENGER ROAD 1.3 STREET ADDRESS STREET ADDRESS CAPE CANAVERAL FL 32920 1.4 CITY-ST-ZIP 00Y-S1 7/P DELETE 21 TITLE ☐ Change Addition 11111 F MCPHILLIPS, MICHAEL NAME 2.2 NAME **450 CHALLENGER ROAD** 2.3 STREET ADDRESS STREET ASSURESS CAPE CANAVERAL FL 32920 2.4 City-ST-ZIP 017Y - ST-76 DELETE Change X Addition THEF 3.1 TITLE Hartman, Michael NAME 3.2 NAME 450 Challenger Road 3.3 STREET ADDRESS STREET ADDRESS Cape Canaveral, FL 32920 CHY-ST-ZP 3.4. CITY-ST-ZIP DELETE Change 4.1 TITLE 100 4. 2 NAME Colvard, Alison Kerr-Hull NAME 4.3 STREET ADDRESS 450 Challenger Road STHEET ADDRESS 4.4 CHTY-ST-2iP CHTM - ST - ZIP Cape Canaveral, FL 32920 DELETE 5.1 TITLE 100,6 5.2 NAME NAME 000002197620 5.3 STREET ADDRESS STREET ADDRESS -06/02/97--01079--001 *//*/ CHY-ST-ZiP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE 10.6 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - \$1 - ZIP 6.4 CITY-ST-ZIP 14. I do hereby 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 inclicated on this arimust 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.

FILED May 20 1997 8:00am Secretary of State

3a. Date of Last Report



3/28/97

407-799-4090 ex: 284