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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000037652

1. Corporation Name
H.E.H. FLORIDA CONSULTING, INC.

Principal Place of Business	Mailing Address
1140 LEE BLVD #103 LEHIGH FL 33936	1140 LEE BLVD #103 LEHIGH FL 33936

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1996

2. Principal Place of Business	2a. Mailing Address
21 4361 BAY BEACH LN	26 4361 BAY BEACH LN
Suite, Apt. #, etc. 22 # 221	Suite, Apt. #, etc. 27 # 221
City & State 23 Ft. MYERS, FL	City & State 28 Ft. MYERS, FL
Zip / Country 24 33931 25 USA	Zip / Country 29 33931 30 USA

4. FEI Number: 93-1785636 — [X] Applied For [ ] Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
[redacted]	81 Name: TERRY SCHAD 82 Street Address (P.O. Box Number is Not Acceptable): 4361 BAY BEACH LN # 221 83 84 City: FT. MYERS FL 85 Zip Code: 33931

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: [signature] 4.29.99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	[ ] DELETE	1.1 TITLE		[ ] Change [ ] Addition
NAME	HECHT, HANS SR		1.2 NAME		
STREET ADDRESS	1140 LEE BLVD #103		1.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH FL 33936		1.4 CITY-ST-ZIP		
TITLE	P / S	[ ] DELETE	2.1 TITLE		[ ] Change [ ] Addition
NAME	HECHT, EMMA		2.2 NAME		
STREET ADDRESS	1140 LEE BLVD #103		2.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH FL 33936		2.4 CITY-ST-ZIP		
TITLE	DV	[ ] DELETE	3.1 TITLE		[ ] Change [ ] Addition
NAME	HECHT, HANS JR		3.2 NAME		
STREET ADDRESS	1140 LEE BLVD #103		3.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH FL 33936		3.4 CITY-ST-ZIP		
TITLE	D	[ ] DELETE	4.1 TITLE		[ ] Change [ ] Addition
NAME	HECHT, MARINA		4.2 NAME		
STREET ADDRESS	1140 LEE BLVD #103		4.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH FL 33936		4.4 CITY-ST-ZIP		
TITLE	S	[X] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME	[redacted]		5.2 NAME		
STREET ADDRESS	[redacted]		5.3 STREET ADDRESS		
CITY-ST-ZIP	[redacted]		5.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	6.1 TITLE		[ ] Change [ ] Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I 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 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, with all other like empowered.

SIGNATURE: X [signature] 3-22-99 941-463-4484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #