

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

99 NOV 17 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000057120
1. Corporation Name
HERON CONSULTING, INC.

Principal Place of Business: 1661 PALM BEACH DR APOPKA FL 32712
Mailing Address: P O BOX 6098 LONGWOOD FL 32781

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 2001 Brandywine Dr, Winter Park, FL 32789
2a. Mailing Address: 2001 Brandywine Dr, Winter Park, FL 32789
22. City & State: Winter Park, FL
23. Zip: 32789
24. Country: USA

3. Date Incorporated or Qualified: 07/03/1996
4. FEI Number: 59-3403092
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. This corporation owes the current year Intangible Personal Property: Yes No

9. Name and Address of Current Registered Agent: MERRITT, NELITA W, 1661 PALM BEACH DR APOPKA FL 32712
JEFFREY L. CLOSE, 2001 Brandywine Dr, Winter Park, FL 32789

10. Name and Address of New Registered Agent: 81 Name: JEFFREY L. CLOSE
82 Street Address: 2001 BRANDYWINE DR
84 City: Winter Park FL 85 Zip Code: 32789

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 607.0506, Florida Statutes.

SIGNATURE: *Jeffrey L. Close* DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MERRITT, NELITA	
STREET ADDRESS	P O BOX 6098 N/A	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	CLOSE, JEFFREY L	
STREET ADDRESS	2001 BRANDYWINE DRIVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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.

SIGNATURE: *Jeffrey L. Close* DATE: 9-14-99 DAYTIME PHONE #: 407-644-9247

CR2E034 (5/99)