

FLORIDA NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P96000057869
1. Corporation Name

GLORIA & KARL HEINZ HERZOG, INC.

FILED

99 AUG 10 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
701 17408 Gulf Blvd.
Redington Shores FL 33708

Mailing Address
701 17408 Gulf Blvd.
Redington Shores, FL 33708

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	P.O. BOX 7143	7/10/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3433254	
City & State		City & State		Applied For	
23		28	HIGH POINT, NC	Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29	27264	<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25		30		<input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Willis, Robert H Jr.
259 Third Street No.
St. Petersburg FL 33701

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	Parisetto-Herzog, Sabrina	
STREET ADDRESS	PO Box 7143 N/A	
CITY-ST-ZIP	High Point, NC 27264	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	400002961934--9
13 STREET ADDRESS	-08/17/99--01043--011
14 CITY-ST-ZIP	***150.00 ***150.00
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sam Parisette Herzog (sec) 6/7/99 336-434-4053

CR2E034 (11/98)



HERZOG-ELMIGER INC. HIGH POINT N.C. 27264

VENEERS

2100 Dunmore Court

Mailing Address: P.O. Box 7143

Telephone: (336) 434-4053

Fax: (336) 431-1814

- Memorandum -

Date: Wednesday, July 28, 1999
To: Florida Department of State
From: Sam Parisette-Herzog
Subject: 1999 Profit Corporation Annual Report
for Gloria & Karl Heinz Herzog, Inc.

2

Letter of Explanation for fee Waiver
Attn.: Leslie Sellers

We are asking for a waiver of the penalty as the mailing address has changed for the corporation and the original form was not forwarded via the post office. We are not sure why this happened, however a cursory check of our records here showed that no 1999 Annual Report had been filed, which is why we requested a new form to complete after the filing deadline.

Would you personally see that the new mailing address is registered with the Dept. of State, so that we receive the report here directly and therefore, please waive the late fee for this years report.

Thank you for your kind attention

Sam Parisette-Herzog