

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

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**Apr 14 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000060585 (2)**

1. Corporation Name  
**HEINZMAN TECHNOLOGIES, INC.**



Principal Place of Business  
**8025 GRANADA BLVD.  
 ORLANDO FL 32836**

Mailing Address  
**8025 GRANADA BLVD.  
 ORLANDO FL 32836-3301**

3. Date Incorporated or Qualified <b>07/18/1996</b>	3a. Date of Last Report <b>7/18/96</b>
4. FEI Number <b>59-3388653</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>2579-F N. Forsyth Rd.</b>	26 <b>2579-F N. Forsyth Rd.</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 <b>Orlando, Florida</b>	28 <b>Orlando, Florida</b>
24 <b>32807</b> 25 <b>USA</b>	29 <b>32807</b> 30 <b>USA</b>

9. Name and Address of Current Registered Agent  
**HEINZMAN, J R**  
**8025 GRANADA BLVD.**  
**ORLANDO FL 32836**

10. Name and Address of New Registered Agent

81 Name <b>Heinzman, JR</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1220 BENT TREE DR.</b>
83
84 City <b>ORLANDO</b> 85 State <b>FL</b> 86 Zip Code <b>32825</b>

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 **J. Robert Heinzman (Pres.)** DATE **4-8-97**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>HEINZMAN, J R</b>
STREET ADDRESS	<b>8025 GRANADA BLVD.</b>
CITY-ST-ZIP	<b>ORLANDO FL 32836</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>HEINZMAN, JOSEPH JR.</b>
STREET ADDRESS	<b>8025 GRANADA BLVD.</b>
CITY-ST-ZIP	<b>ORLANDO FL 32836</b>
TITLE	<b>VT</b> <input type="checkbox"/> DELETE
NAME	<b>HEINZMAN, SANDRA L.</b>
STREET ADDRESS	<b>8025 GRANADA BLVD.</b>
CITY-ST-ZIP	<b>ORLANDO FL 32836</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>1220 BENT TREE DR</b>
1.4 CITY-ST-ZIP	<b>Orlando, FL. 32825</b>
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	<b>VP</b> <input checked="" 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 checked="" type="checkbox"/> Addition
4.2 NAME	<b>TROY Heinzman</b>
4.3 STREET ADDRESS	<b>8025 GRANADA BLVD</b>
4.4 CITY-ST-ZIP	<b>Orlando, FL 32836</b>
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	<b>900002142999</b>
6.3 STREET ADDRESS	<b>-04/15/97--01003--018</b>
6.4 CITY-ST-ZIP	<b>***173.75</b>

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 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: **Troy Heinzman** DATE **4/8/97** PHONE # **673-1008**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)