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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT#	P96000060585
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1. Corporation Name

HEINZMAN TECHNOLOGIES, INC.

Principal Place	e of Business	Ma	ailing Address					1 188	iffili (10 ie	il a o ilii oo jii 23 i		Bilii anını alıs	19161 0111 1001	
8025 GRANADA	BLVD.	802	5 GRANADA BLVD.											
ORLANDO FL 3	2836	OR	LANDO FL 32836						n	O NOT WRIT	TE IN THIS	SPACE		
US		US						3. Date Inco			12 11 11 110	TOFACE		7
								07/18/		or addinou				-
2. Princinal P	lace of Business	2a.	Mailing Address					4. FEI Num				- A	plied For	1
21	add of Business	26						59-338	8653			No.	t Applicable	1
Suite, Apt.	#, etc.	1-01	Suite, Apt. #, etc.							. Deelead		\$8.75	Additional	1
22		27						5. Certifcate	or Statt	is Desired		Fee Re	equired	
- City & State	<u> </u>		City & State					=6.≅Election •	Campaig	n Financing		\$5:00	May Be	+=
23		28						Trust Fur	nd Contri	bution		Added	to Fees	-
Zip	Country	Ц	Zip	Co	ountry			8. This corp	oration o	wes the curre	ent year Ini		-	
24	25	29		30				Personal				X Yes	□No	-
	9. Name and Address of Current	Regis	tered Agent		81	Namo		10. Name ar						1
LIEIX	izman, jr.				"	James	OS.	EPH HE	EIN,	ZMAN	, TR			
	BENT TREE DR.				82	I Street.4	Addres	ss (PO Box N	iumber is	i Not Accepta	ible)			
	ANDO FL 32825				83		UX	5 GR/	4NM	un BL	70			1
OIL	ANDO I E OZOZO				63									
					84	City		1 4 4 / 5 23			FL	85 Zip	Code	1
	to the provisions of Sections 607.0502		07 4500 First- Ot-1.	46				LANDO	thin state	ment for the			83 €	1
office or r	egistered agent, or both, in the State of	f Floric	ia. Such change was a	uthorize	ed by	the corpo	ration	's board of dire	ectors. I	hereby accep	t the appoi	intment as re	gistered	
agent. I a	m familiar with, and accept the obligation	ons of,	Section 607.0505, Flo	irida Sta	atutes									-
SIGNATURE	Signature, typed of printed hame of registered agent	220	Colimbia (NOTE	FC		nt eignature ra	nured v	when reinstating)			3/6/	77		١.
12.	OFFICERS AND		<u></u>	13		n agratoro re	.40,100		IS/CHAN	IGES TO OF	FICERS A	ND DIRECTO	ORS IN 12	1
TITLE	P		☐ DELETE	1.1	TITLE							Change	☐ Addition]
NAME	HEINZMAN, J R			1.2	NAME						22-			1
STREET ADDRESS	1220 BENT TREE DR.			1.3	STREE1	ADDRESS	79	730 ST	IU	ES RU	HPT	150		
CITY-ST-ZIP	ORLANDO FL 32825			1.4	CITY-S	T-ZIP	Ch	ARLES	NO	5.C.	294	406		1
TITLE	S		☐ DELETE	2.1	TITLE	Į		•				Change	Addition	
NAME	HEINZMAN, JOSEPH JR.			2.2	NAME	-								
STREET ADDRESS	8025 GRANADA BLVD.			2.3	STREE!	ADDRESS								
CITY-ST-ZIP	ORLANDO FL 32836			2.4	CITY-S	T-ZIP						<u> </u>		
. MIE===	-VP		- DELETE	<u>⊸</u> ું -31	TITLE_		نبجي				ئت يوجود	Change	Addition	<u>.</u>
NAME	HEINZMAN, SANDRA L			3.2	NAME	1				-	_			
STREET ADDRESS	8025 GRANADA BLVD.			3.3	STREE	TADDRESS								
CITY-ST-ZIP	ORLANDO FL 32836			3.4.	CITY-9	T-ZIP								4
TITLE .	T		☐ DELETE	4.1	TITLE							Change	☐ Addition	
NAME	HEINZMAN, TROY			4. 2	NAME	İ								
STREET ADDRESS				4.3	STREE1	F ADDRESS								1
CITY-ST-ZIP	ORLANDO FL 32836			_	CITY-S	T-ZIP						F16:	———	4
TITLE			☐ DELETE		TITLE)						Change	Addition	1
NAME.				1	NAME									
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TITLE			☐ DELETE		TITLE	ł						Change	☐ Addition	
NAME					NAME									Ì
STREET ADDRESS				6.3	STREE	ADDRESS								1

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.

6.4 CITY-ST-ZIP

SIGNATURE:

407-356-5704