FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 JUN -4 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000074605 (2)

1. Corporation Name
HEYM CORPORATION

Principal Place of Business	Mailing Address
1918 SOUTHEAST 10 PLACE CAPE CORAL FL 33990	6371-4 PRESIDENTIAL CART FT. MYERS FL 33919

3. Date Incorporated or Qualified: 09/09/1996
3a. Date of Last Report:

2. Principal Place of Business
21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address
26 1420 SE 3rd St.
Suite, Apt. #, etc. 27
City & State 28 CAPE CORAL, FL
Zip 29 33990 Country 30

4. FEI Number: 65-0695233 ☐ Applied For ☐ Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: HEIDE BLAIR
82 Street Address (P.O. Box Number is Not Acceptable): 1420 SE 3rd St.
83
84 City: CAPE CORAL, FL FL 85 Zip Code: 33990

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: Heide Blair — HEIDE BLAIR — 4-21-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	PSTD ☒ Change ☐ Addition
NAME	KOTTERITZ, LIESELOTTE	1.2 NAME	Kotteritz, Lieselotte
STREET ADDRESS	1918 SOUTHEAST 10 PLACE	1.3 STREET ADDRESS	1918 Southeast 10th Place
CITY-ST-ZIP	CAPE CORAL FL 33990	1.4 CITY-ST-ZIP	Cape Coral FL 33990
TITLE	VTD ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KOTTERITZ, ANNETTE	2.2 NAME	
STREET ADDRESS	1918 SOUTHEAST 10 PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33990	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	600002210616--9
STREET ADDRESS		3.3 STREET ADDRESS	-06/12/97--01109---003
CITY-ST-ZIP		3.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 (9/96)

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: Lieselotte Kotteritz 4-21-97 941-772-5699