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

CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000047862 (2)

HEFFRIN CONSULTING, INC.

FILED Apr 22 1998 8:00am Secretary of State



					·			
Principal Place	e of Business	Mailing Addre	Mailing Address				JUL iube i ibili bili	(B HIBI MB)
11470 S.W. 85TH COURT OCALA FL 34481			11470 S.W. 85TH COURT OCALA FL 34481			DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualified		
						05/29/1997		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	— 	plied For
21	4	26	Suite, Apt #, etc.			59-3456601		t Applicable
Suite, Apt.	#, e tc.	27 Suite, Apt	} ¬ `			5. Certificate of Status Desired	\$8.75 A	
City & State	9	City & Stat	City & State			Election Campaign Financing	\$5.00	May Be
23		26				Trust Fund Contribution		
Zip	Country	Zip	├ ──			8. This corporation owes or has paid the current year Intangible		
24	25 29 3 9. Name and Address of Current Registered Agent		30	0		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
		nt Registered Agen	1	81	Name	10. Name and Address of New Registered	ı wâaııı	
	FFRIN, VERLA L			Ľ				
	170 S.W. 85TH COURT ALA FL 34481		82 St			Address (P.O. Box Number is Not Acceptable)		
	, 200			83				
				84	City	F	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								
- 40	Signature, typed or printed name of registered a	gent and tite if applicable ND DIRECTORS	(NOTE R	13.	per erutangia Ins	ADDITIONS/CHANGES TO OFFICERS AN	JD DIRECTOR	IS IN 12
12 ,	D/P		DELETE	1.1 THLE	·····	ADDITIONS/CHANGES TO OFFICE IS AF	Change	Addition
NAME	HEFFRIN, VERLA L		021212	1.2 NAME				_
STREET ADDRESS	11470 S.W. 85TH COURT			1.3 STREET	ADDRESS			
CITY-ST-ZIP	OCALA FL 34481			1.4 CITY - S				
TITLE			DELETE	2.1 TITLE	-		Change	Addition
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREET	ADDRESS			
CITY-ST-ZIP				2. 4 CITY - 1	ST-ZIP			
TITLE			DELETE	3.1 TITLE			☐ Change	Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY-	ST-ZIP	- 12000		
TITLE			DELETE	4.1 TITLE			☐ Change	Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY - ST - ZIP				4.4 CITY - S	ST-ZIP		1 0	1 1 4 4 2 2 2 -
TITLE			DELETE	5.1 TITLE			L. Change	Addition
NAME		•		5 2 NAME				
STREET ADDRESS				5.3 STREET				
CITY-ST-ZIP			DEL CTE	5.4 CITY-5	ST-ZIP		Change	Addition
TITLÉ			DELETE	6.1 TITLE			Change	Addition
NAME				6.2 NAME				
STREET ADDRESS	:				ADDRESS			
CITY-ST-ZIP	and that the information number	with this filing doss	not qualify for t	6.4 CITY-S	ST-ZIP	n Section 119.07(3)(i), Florida Statutes. I further	certify that the	Information
14. INGREDY	certily that the information supplied	with this mind does i	ior quality ior t	ne exemp	ALON STATEO	tive about 1 to or to fine level affect on if made	under eath th	at Lam on

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oain; 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. VERIAL. HE FIRM PRES.