

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Motham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000064685 (5)

1. Corporation Name

HERMITAGE PARTNERS GROUP X, INC.



Principal Place of Business

Mailing Address

450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920

450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/28/1997	
21	22	26	27	4. FEI Number 59-3239116	Applied For Not Applicable
Suite, Apt #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	28	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARTMAN, MICHAEL A
450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920

81	Name Gregory Popp
82	Street Address (P.O. Box Number is Not Acceptable) 450 Challenger Rd.
83	
84	City Cape Canaveral
85	Zip Code 32920

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, 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent and title of agent (if applicable)

GREGORY A. POPP

April 98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCPHILLIPS, JACQUELINE	1.2 NAME	J/P/S/T Jacqueline McPhillips
STREET ADDRESS	450 CHALLENGER ROAD	1.3 STREET ADDRESS	450 Challenger Rd.
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCPHILLIPS, MICHAEL	2.2 NAME	D/V Michael McPhillips
STREET ADDRESS	450 CHALLENGER ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Michael A. Hartman
STREET ADDRESS		3.3 STREET ADDRESS	450 Challenger Rd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Cape Canaveral, FL 32920
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Alison Kerr-Hull Colvard
STREET ADDRESS		4.3 STREET ADDRESS	450 Challenger Rd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Cape Canaveral, FL 32920
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE:

Alison Kerr-Hull Colvard, v.p.

ALISON KERR-HULL COLVARD

4/2/98

700-4090

CR2E034 (10/97)