SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State' . DIVISION OF CORPORATIONS

DOCUMENT # P97000066976 (6)

HERITAGE URNS & ACCESSORIES INC.

Principal Place of Business 4825 SIX OAKS DR. TALLAHASSEE FL 32303

Mailing Address

4825 SIX OAKS DR.

TALLAHASSEE FL 32303

FILED Oct 14 1998 8:00am Secretary of State



					DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified 08/04/1997	
2. Principal Pl	ace of B usin	ess	2a. Mailing Addres	2a. Mailing Address			4. FEI Number Applied For	
21			26	26			59-1904341 Not Applicable	
Suite, Apt. :	#, e1c.	¥	Suite, Apt. #, €	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24		Country 25	Zip	30	ountry	,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	9. Name	and Address of Curr	ent Registered Agent				10. Name and Address of New Registered Agent	
BEN	da, Wil lia	M K			81	Name	BENDA, BARBARA H	
4825 SIX OAKS DR.					82 Street Address (P. O. Box Number is Not Acceptable)			
TALLAHA \$ SEE FL 32303					Street Address 12.0 Box Number is Not Acceptable) 82 SIX OAKS DRIVE			
					83			
						City	TALLAHASSEE FL 85 Zip Code 32303	
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. To 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.								
			figations of, section 607.05				9/24/00	
SIGNATURE _		or printed name of registered a	and and title if conjugate	Darva	MA	18V · <u>(</u>	South 9/24/55 6 required when reinstating) DATE	
12.	orginatore, typico		AND DIRECTORS	13		Secure Bigli Blot	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D		DEL		TITLE		D Change X Addition	
NAME	-	VILLIAM K			NAME.	- 1	BENDA, BARBARA H.	
STREET ADDRESS		OAKS DR.				ADDRESS	4825 SIX OAKS DRIVE	
CITY-ST-ZIP		SSEE FL 32303			CITY-ST	1		
TITLE	771001177	0000	DEL		TITLE	I-ALIF	TALLAHASSEE FL 32303	
NAME					VAME		Change [_] Addition	
STREET ADDRESS				1		ADDRESS		
CITY-ST-ZIP				ľ	CITY-ST			
TITLE			Deti		TITLE		Change Addition	
NAME			[_] DCC	16.	NAME	1	Chaige [] Addition	
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP					CITY-ST			
TITLE			DEL		TITLE	-211	Change Addition	
NAME			[] DEL	- ' -	NAME	ľ	Change Addition	
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP				1	CITY-ST	i		
TITLE		- 	DEL		HTLE	-2.11	Change Addition	
NAME				-16-	NAME		Change L. Adollon	
STREET ADDRESS				1		ADDRESS		
CITY-ST-ZIP	-				CITY-ST	1		
TITLE			DELI		IITLE	-E-(IF	Change Addition	
NAME			∐ ∪ECI	. 14	VAME	ĺ	L Change Addition	
STREET ADDRESS	17					ADDRESS	•	
CITY-ST-ZIP					STY-ST			
	rtify that the	information supplied w	ith this filing does not qual				section 119.07(3)(i), Florida Statutes. I further certify that the information	

indicated on this amount report or supplemental annual report is true and occurred and that my signature shall have the same legal effect as if made under **on**th; that I am an officer or director of the corporation of 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.

Sapt. 24