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Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000076184 (5)

1. Corporation Name

HERITAGE PARTNERS GROUP XXX, INC.

Principal Place of Business

450 CHALLENGER ROAD  
CAPE CANAVERAL FL 32920

Mailing Address

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 09/03/1997	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3465478		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		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	

9. Name and Address of Current Registered Agent

KERR-HULL-COLVARD, ALISON  
450 CHALLENGER ROAD  
CAPE CANAVERAL FL 32920

10. Name and Address of New Registered Agent

81 Name Gregory Popp  
82 Street Address P.O. Box Number is Not Applicable  
450 Challenger Rd.  
83  
84 City Cape Canaveral FL 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, 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

Signature (typed or printed name of registered agent and title if applicable)

GREGORY A. POPP

April 9, 1998

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Dr. Jacqueline McPhillips
NAME	MCPHILLIPS, JACQUELINE	1.2 NAME	
STREET ADDRESS	450 CHALLENGER ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	Dr. Michael McPhillips
NAME	MCPHILLIPS, MICHAEL	2.2 NAME	
STREET ADDRESS	450 CHALLENGER ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	V Michael Hartman
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	450 Challenger Rd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Cape Canaveral, FL 32920
TITLE		4.1 TITLE	V
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		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 3/23/98 407-799-4090

CR2E034 (10/97)