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

 PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000079651 (0)

HERON MANAGEMENT GROUP, INC.

Principal Place of Business	Mailing Address		
1811 ENGLEWOOD RD #174 ENGLEWOOD FL 34223	1811 ENGLEWOOD RD #174 ENGLEWOOD FL 34223		
2. Principal Place of Business	2a. Mailing Address		

FILED Apr 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					10011007 110 10111 10011 00111 00111 00111 00111 00111 00111 0110 0110 0110			
1811 ENGLEWOOD RD #174 1811 ENGLEWOOD RD #174 ENGLEWOOD FL 34223 ENGLEWOOD FL 34223				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
:						09/15/1997		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For			
21		26 170 W. Dea	rborn	_S:	treet_	65-0781957 Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired Section Secti			
City & State City & State			F.		6. Election Campaign Financing \$5.00 May Be			
28 Englewood, FL					Trust Fund Contribution Added to Fees			
Zip	Country	Zip 29 34223	—	untry	<i>!</i> .	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
24 25 29 34223 30				1		Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent		
DUNKIN, DAVID A B1 Name								
170 W DEARBORN ST			82 Street Address (P.O. Box Number is Not Acceptable)					
ENGLEWOOD FL 34223-3290					,			
				83	ļ			
				84	City	FL 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 agont, 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 a	······································		d Age	ent signature requ	sired when reinstaling) DATE		
12.	Û OFFICERS AI	ND DIRECTORS DELETE	13. 1.1 Ti	ITI F		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition		
NAME	BARTON, JOHN R		1.2 N					
STREET ADDRESS	1811 ENGLEWOOD RD #17	4			ADDRESS			
CITY-ST-ZIP	ENGLEWOOD FL 34223	•	1.40	ITY-S	ST- ZIP			
TITLE		DELET e	2.1 T)	TLE		Change Addition		
NAME			2.2 N	AME				
STREET ADDRESS			2.3 S	TREET	ADDRESS			
CITY-ST-ZIP		Periese			ST-ZIP	1 0t 1 t.t.		
TITLE		☐ DELETE	3.1 T			☐ Change ☐ Addilion		
NAME STREET ADDRESS			3.2 N		ADDECC			
CITY-ST-ZIP					ADDRESS ST-ZIP			
TITLE		DELETE	4.1 Ti		3:- En	☐ Change ☐ Addition		
NAME			4.21	IAME				
STREET ADDRESS			4.3 S	TREET	ADDRESS	4		
CITY-ST-ZIP					T-ZIP			
TITLE		DELETE	5.1 TI			Manage Addition		
NAME			5.2 N			//h////		
STREET ADDRESS					ADDRESS	J1/9//0		
CITY-ST-ZIP TITLE		DELETE	5.4 Cl		IT-ZIP	ODDD2491750 Addition		
NAME			6.2 N			-04/17/9801017007		
STREET ADORESS					ADDRESS	***150.00		
CITY-ST-ZIP					iT-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 suppliemental 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.