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 # P97000086235 (3)

FILED May 13 1998 8:00am Secretary of State

HERITAGE PM 1, INC.					
Principal Place of Business Mailing Address				-{	18181 HOLLE OLINO (1800 HILO) OLIN 1801
2 N. TAMIAMI TRL., STE. 600 2 N. TAMIAMI TRL., STE. 600 SARASOTA FL 34236 SARASOTA FL 34236			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
				09/22/1997	[
2. Principal Place of Business				4. FEI Number	Applied For
21 26212 MADRAS CT	MADRAS CT 26 262/2 MADRAS CT.		17.	65-0793161	Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 DUNTA GOADA, FC	TA GOADA, FC 28 FUNTA GORDA, FC		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country -	Zip	Countr		8. This corporation owes or has paid	the current year Intangible
24 33983 25 CHANLOTTK	29 33983	30 CHA	ROTTE	Personal Property Tax due June 30	
9, Name and Address of Current	Registered Agent			10. Name and Address of New Flegis	itered Agent
SEID e r, William M		81	Name		i
200 S. ORANGE AVE. SARASOTA FL 34236		82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
		83			
		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 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					pose of changing its registered
agent. I am familiar with, and accept the obligation	ions of, Section 607.0505, F	lorida Statute	9S.		
Signature Signature, typod or printed name of registered agress	and title if applicable (NO	II Registered Ag	gent signature require	d when reinstating)	DATE
12. OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER	
TITLE 5 7	DELETE LIBERTE				Change L Addition
NAME PHILIP V. PACAS					2
STREET ADDRESS 262/2 MADRAS CITY-ST-ZIP PUNTA GORDA	Ei 1200	- 1	T ADDRESS		្រុំវ
CHY-SI-ZIP FUNTA GORDA	DELETE	1.4 CITY-	ST-ZIP		Change Addition
TITLE	□ bereie	2.1 TITLE	J		Change L Addition
NAME CYNCEY ADDRESS		2.2 NAME	1 400000		
STREET ADDRESS			1 ADDRESS		
CITY-ST-ZIP	DELETE		- ST-ZIP		Change Addition
NAME		3.1 TITLE 3.2 NAME			
STREET ADDRESS			T ADDRESS		1
CITY-ST-ZIP		3.4. CITY-	·Sì-ZIP		
TITLE	☐ DELETE	4.1 TITLE			Change Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREE	T ADDRESS		}
CITY-\$T-ZIP		4.4 CITY-	ST-ZIP		
TITLE	DELETE	5.1 TITLE			Change Addition
NAME		5.2 NAME	1		
STREET ADDRESS			T ADDRESS		
City-St-ZIP	Britte	5.4 CITY-	ST-ZIP		Chongo Addis-
TITLE	DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME CONTROL ADDRESS		6.2 NAME	- 1		
STREET ADDRESS			T ADDRESS		
14. Thereby certify that the information supplied with	this filing does not qualify	6.4 CITY - for the exemp		Section 119.07(3)(i), Florida Statutes. I fur	ther certify that the information

14. Thereby certify that the information supplied with this filing does not quality 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 eath; 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 attackment with an address.

SIGNATURE: Philippoline PHICIP J. PALMER 4/28/98 941-266-800