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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90003 019 ***150.00

DOCUMENT # P97000086248 1. Corporation Name	
HERITAGE PP 1, INC.	

HERITAG	GE PP 1, INC.									
Principal Place	e of Business	Mailing Address				1 18411=01 118 12111 12011 46111 12111 1				
26212 MADRAS CT. 26212 MADRAS CT.										
CHARLOTTE HARBOR FL 33983 CHARLOTTE HARBOR FL 33983					DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed				
						09/22/1997			ĺ	ı
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Ar	plied For	
21)		26				65-0789919		No	ot Applicable	_
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional	
22		27				5. Certificate of Status Desired		Fee Re	equired	l
	City & State City & State					6. Election Campaign Financing	_		May Be	
23		28				Trust Fund Contribution			to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes the current			□No	ł
24	25		30	,		Personal Property Tax. 10. Name and Address of New Reg		Yes		
	9. Name and Address of Curren	Registered Agent		81 1	Name	10. Name and Address of New Key	lister on M	Join		ŀ
SFID	PER, WILLIAM M			ĹĽ.						
	S. ORANGE AVE.			82 5	Street Addre	ess (P.O. Box Number is Not Acceptable	e)			
	ASOTA FL 34236			83						1
										l
į				84 (City		FL	85 Zip	Code	
Office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida, Such change was au tions of, Section 607.0505, Flori	thorized da Stati	oby the utes.	e corporation	oration submits this statement for the pun's board of directors. I hereby accept the	те арропт	nanging its ment as re	registered gistered	
L	Signature, typed or printed name of registered agen	<u> </u>		Agent si	ignature required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DIRECTI	DRS IN 12	8
12.	PST OFFICERS AN	D DIRECTORS DELETE	1,1 TI	n F	- 	ADDITIONS/CHANGES TO OTTIC		☐ Change	☐ Addition	CR2E034 (11/98)
TITLE	PALMER, P J	, Occesse ,	1.2 N					_ ,	_	4
NAME	20212 MADRAS CT			TREET AD	nnRESS.				ļ	
STREET ADDRESS	PUNTA GORDA FL 33983			TY-\$T-Z	1				ļ	2
CITY-ST-ZIP	FUNTA GORDA I E 33903	DELETE	2.1 TI		<u> </u>					ľö
NAME				ILE				Change	Addition	
STREET ADDRESS	1		li .					Change	☐ Addition	
CITY-ST-ZIP			2.2 N	AME	DORESS			Change	☐ Addition	
TITLE			2.2 N/ 2.3 S1	AME TREET AC				Change	Addition	
NAME		☐ DELETE	2.2 N/ 2.3 S1	AME TREET AC			<u>-</u>	☐ Change	☐ Addition	
1		☐ DELETE	2.2 N/ 2.3 ST 2.4 C	AME TREET AC SITY-ST-2 TLE			<u>-</u>			
STREET ADDRESS		DELETE	2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/	AME TREET AC SITY-ST-2 TLE	ZIP		<u>-</u>			
STREET ADDRESS		☐ DELETE	2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST	AME TREET AC SITY-ST-2 TLE AME	DDRESS			Change	☐ Addition	
\		DELETE	2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST	AME TREET AC TITY-ST-2 TILE AME TREET AC	DDRESS					
CITY-ST-ZIP	•		2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4. C	AME TREET AC SITY-ST-2 TLE AME TREET AC SITY-ST-2 TLE	DDRESS			Change	☐ Addition	
CITY-ST-ZIP			2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4 C 4.1 T/ 4.2 N/	AME TREET AC SITY-ST-2 TLE AME TREET AC SITY-ST-2 TLE	ZIP DDRESS ZIP			Change	☐ Addition	
CITY-ST-ZIP TITLE NAME		☐ DELETE	2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TV 4.2 N 4.3 ST	AME TREET AC SITY-ST-2 TLE AME TREET AC SITY-ST-2 TLE TABLE	ZIP DDRESS ZIP DDRESS			☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS			2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4 C 4.1 T/ 4.2 N 4.3 S 4.4 C/ 5.1 T/	AME TREET AC STY-ST-2 TLE AME TREET AC STY-ST-2 TLE IAME TREET AC	ZIP DDRESS ZIP DDRESS			Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ DELETE	2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4 C 4.1 T/ 4.2 N 4.3 ST 4.4 C/ 5.1 TT 5.2 N/	TREET AC TTLE TREET AC TTLE TTLE TLE TLE TAME TREET AC TTLE TREET AC TTLE TLE AME	ZIP DDRESS ZIP DDRESS			☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 S 4.4 CI 5.1 TT 5.2 N/ 5.3 S	AME IREET AC ITY-ST-2 TLE AME TREET AC ITY-ST-2 TLE IAME TREET AC ITY-ST-2 TLE AME	ZIP DDRESS ZIP DDRESS ZIP DDRESS			☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4 C 4.1 TT 4.2 N/ 4.4 C/ 5.1 TT 5.2 N/ 5.3 S' 5.4 C/	TREET ACTIVES TABLE TREET ACT	ZIP DDRESS ZIP DDRESS ZIP DDRESS			Change	☐ Addition ☐ Addition ☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4 C 4.1 TT 4.2 N/ 4.3 ST 4.4 CI 5.1 TT 5.2 N/ 5.3 ST 5.4 CI 6.1 TT	AME IREET AC ITY-ST-2 TLE AME IREET AC ITY-ST-2 TLE IMME IREET AC ITY-ST-2 TLE AME IREET AC ITY-ST-2 TLE	ZIP DDRESS ZIP DDRESS ZIP DDRESS			☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4 C 4.1 TF 4.2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N/ 5.3 ST 5.4 CI 6.1 TI 6.2 N/	AME ITREET AC ITY-ST-2 TLE AME TREET AC ITY-ST-2 TLE IAME TREET AC ITY-ST-2 TLE AME TREET AC ITY-ST-2 TLE AME TREET AC ITY-ST-2 TLE AME AME AME AME AME AME AME AME AME	ZIP DDRESS ZIP DDRESS ZIP DDRESS			Change	☐ Addition ☐ Addition ☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4 C 4.1 T/ 4.2 N 4.3 S 4.4 C/ 5.1 TT 5.2 N/ 5.3 S' 5.4 C/ 6.1 TI 6.2 N/ 6.3 S	AME IREET AC ITY-ST-2 TLE AME IREET AC ITY-ST-2 TLE IMME IREET AC ITY-ST-2 TLE AME IREET AC ITY-ST-2 TLE	ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS			Change	☐ Addition ☐ Addition ☐ Addition	

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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: