

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mertham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000092546 (5)

1. Corporation Name

HERITAGE PARTNERS GROUP XXXII, INC.

Principal Place of Business

Mailing Address

450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920

450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1997

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCPHILLIPS, JACQUELINE
450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920

81 Name

Gregory Popp

82 Street Address (P.O. Box Number is Not Acceptable)

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

GREGORY A. POPP

April 9, 1998

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

DP/ST

☒ Change ☐ Addition

NAME

MCPHILLIPS, JACQUELINE

1.2 NAME

Jacqueline McPhillips

STREET ADDRESS

450 CHALLENGER ROAD

1.3 STREET ADDRESS

CITY-ST-ZIP

CAPE CANAVERAL FL 32920

1.4 CITY-ST-ZIP

TITLE

D

☐ DELETE

2.1 TITLE

DN

☒ Change ☐ Addition

NAME

MCPHILLIPS, MICHAEL

2.2 NAME

Michael McPhillips

STREET ADDRESS

450 CHALLENGER ROAD

2.3 STREET ADDRESS

CITY-ST-ZIP

CAPE CANAVERAL FL 32920

2.4 CITY-ST-ZIP

TITLE

☐ DELETE

3.1 TITLE

V

☐ Change ☒ Addition

NAME

3.2 NAME

Michael Hartman

STREET ADDRESS

450 CHALLENGER ROAD

3.3 STREET ADDRESS

450 Challenger Rd.

CITY-ST-ZIP

CAPE CANAVERAL FL 32920

3.4 CITY-ST-ZIP

Cape Canaveral, FL 32920

TITLE

☐ DELETE

4.1 TITLE

V

☐ Change ☒ Addition

NAME

4.2 NAME

Mison Kerr-Hull Colvard

STREET ADDRESS

450 CHALLENGER ROAD

4.3 STREET ADDRESS

450 Challenger Rd.

CITY-ST-ZIP

CAPE CANAVERAL FL 32920

4.4 CITY-ST-ZIP

Cape Canaveral, FL 32920

TITLE

☐ DELETE

5.1 TITLE

☐ Change ☒ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

600002491968

-04/17/98--01029--011

***158.75

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: MISON KERR-HULL COLVARD, 362/262-4422

CR2E034 (10/97)