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

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

, Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000092550 (7)

HERITAGE PARTNERS GROUP XXXIII, INC.

Principal Place of Business	Mailing Address
450 CHALLENGER ROAD CAPE CANAVERAL FL 32920	450 CHALLENGER ROAD CAPE CANAVERAL FL 32820

FILED Apr 15 1998 8:00am Secretary of State



GAPE CHARVERAL PL 32820			CAPE CANAVERAL PL 32820		DO NOT WRITE	DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						10/28/1997			
2. Principal Place of Business			2a. Mailing Address			4. FEI Number	4. FEI Number Applied For		
21			26				No	ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	13KJ	Additional	
22			27			5. Certificate of Status Desired	Fee Re	equired	
City & State			City & State			6. Election Campaign Financing	\$5.00	May Be	
23			28			Trust Fund Contribution	Added	to Fees	
Zip	<u> </u>	Country	Zip	Count	гу	8. This corporation owes or has paid	8. This corporation owes or has paid the current year Intangible		
24	25		29	30		Personal Property Tax due June		No	
	9, Name and	Address of Current	Registered Agent			10. Name and Address of New Reg	Istered Agent		
M	CPHILLIPS , JAC	COUELINE		В	1 Name	1 mm 2, 22, 20			
45	O CHALLENGE	R ROAD		8:	2 Street	Address P.O. Box Number is Not Acceptable	e)		
CA	APE CANAVERA	AL FL 32920			450 Challomor Kd.				
	_			8	3	7			
	\sim			-	4 00				
	//	1		84	4 (M _/	or Carrians 1		76 50 Code	
11. Pursuant	to the provision	of Section 507.0502	and 607,1508, Florida Statute	s, the abo	ve-named	corporation submits this statement for the pu		ts registered	
	egistered agont, m familia viib a	or both, it lie state of	Florida, Such change was a	uthorized b	by the corp	corporation submits this statement for the puporation's board of directors. I hereby accept	the appointment as	registered	
, (Done Ath	191	1998	
SIGNATURE	Signituro you i or it	sed name of regishined agold.	and title if and cable (MOTE	SGOR Recistered A	oant signature	e roquired when reinstating)	DATE	110	
12.	1///	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	3S IN 12	
TITLE			DOELETE	1.1 TITLE		DIPISIT	✓ Change	Addition	
NAME	MCPHILLIR	S, JACQUELINE	ノ	1.2 NAME		Inequaline Mcthillips			
STREET ADDRESS		ENGER ROAD			ET ADDRESS	Aredronus 11 15 Lings			
CITY-ST-ZIP		AVERAL FL 32920		1.4 CITY-					
TITLE	D	THE TE OLUDO	DELETE	2 1 TITLE		אע .	Change	Addition	
NAME	•	S. MICHALE	<u></u>	2.2 NAME		michael Mathillips	€3 Sucurge		
STREET ADDRESS		ENGER ROAD			ET ADDRESS	wighter HEAVINDS			
		AVERAL FL 32920						1	
CITY-ST-ZIP	CAPE CAIL	AVENAL FL JEBEU	DILETE	2. 4 CITY			Change	Addition	
TITLE			ניין הנרבוב	3.1 TITLE		nichael Hartman	L_J Change	Audition (
NAME	l			3.2 NAME				1	
STREET ADDRESS				3.3 STREE	T ADDRESS	450 Challenger Rd.	n	1	
CITY-ST-ZIP				3 4. CITY		Cape Caraironaly FL	<u> 32920 </u>		
TITLE	l		☐ DELETE	4.1 TITLE		N v v v	☐ Change	Addition	
NAME				4.2 NAM		Alison Kerr-Hull Colos	ard		
STREET ADDRESS				4.3 STREE	ET ADDRESS	450 Challenger Rd.		}	
CITY-ST-ZIP			·····	4.4 CITY-	ST-ZIP	Capo Canairenal, FL	32920		
TITLE			☐ DELETE	5.1 TITLE			☐ Change	Addition	
NAME				5.2 NAME		1 // 168			
STREET ADDRESS				5.3 STREE	ET ADDRESS	1 4115 1510			
CITY-ST-ZIP				54 CITY-	ST-7P	-111.			
TITLE			DELETE	6.1 TITLE		nnoneze	Change	☐ Addition	
NAME				6.2 NAME		00000248 -04/15/980104		İ	
STREET ADDRESS				6.3 \$1RE6	T ADDRESS	***158.75	도 무도!		
CITY-ST-ZIP				6.4 CITY -		1		1	
	erlify that the info	ormation supplied with	this filing does not qualify fo			ed in Section 119.07(3)(i), Florida Statutes. I fi	urther certify that the	information	

• Thereby certify that the information supplied with this aring does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. 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: Olid Nucl Alvard, V.P.

ALISON KERR - HULL COLVARD 3/23/98 407-799-4090