

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION
 ANNUAL REPORT
1998



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

FILED
Aug 06, 1998 8:00 am
Secretary of State



DO NOT WRITE IN THIS SPACE

DOCUMENT # **P97000097326 (7)**

1. Corporation Name

FLORIDA HERITAGE PROPERTIES INC.

Principal Place of Business
**416 HOLLY CT.
 WINTER SPRINGS FL 32708**

Mailing Address
**416 HOLLY CT.
 WINTER SPRINGS FL 32708**

3. Date Incorporated or Qualified
11/12/1997

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3483896

Applied For
 Not Applicable

26 **P.O. Box 141417**

5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

27 Suite, Apt. #, etc.

27 City & State

28 **Orlando, Florida**

29 **32803**

30 **U.S.A.**

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

25 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANCHEZ, ARTURO X
 416 HOLLY CT.
 WINTER SPRINGS FL 32708**

81 Name

82 Street Address (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 agent. I am familiar with, and accept the obligations 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PVP	<input type="checkbox"/> DELETE
NAME	SANCHEZ, ARTURO X	
STREET ADDRESS	416 HOLLY CT.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	FERREIRA, JOHN	
STREET ADDRESS	416 HOLLY CT.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ferreira, John
2.3 STREET ADDRESS	416 Holly CT.
2.4 CITY-ST-ZIP	Winter Springs, FL 32708
3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Idalia Rivera
3.3 STREET ADDRESS	416 Holly CT.
3.4 CITY-ST-ZIP	Winter Springs, FL 32708
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 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: Arturo X. Sanchez **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-20-98

Date

407-295-5847

Daytime Phone #

CR2E034 (5/98)