

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90077 002 ***150.00

DOCUMENT # P98000026359

1. Corporation Name
HERON NETWORK SERVICES, INC.



Principal Place of Business
7457 ALOMA AVENUE #100
WINTER PARK FL 32792-9172

Mailing Address
7457 ALOMA AVENUE #100
WINTER PARK FL 32792-9172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 409 MONTGOMERY RD		26 409 MONTGOMERY RD		03/20/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 SUITE 135		27 SUITE 135		59-3500463	
City & State		City & State		Applied For	
23 ALTAMONTE SPRINGS, FL		28 ALTAMONTE SPRINGS, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 32714		29 32714		[] \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 US		30 US		Trust Fund Contribution	
				[] \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible	
				Personal Property Tax. [] Yes [X] No	

9. Name and Address of Current Registered Agent

LABRET, STEVEN M
226 HILLCREST STREET
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name PAUL DOVER
82 Street Address (P.O. Box Number is Not Acceptable)
409 MONTGOMERY ROAD
83 #135
84 City ALTAMONTE SPRINGS FL 85 Zip Code 32714

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] PAUL DOVER

1/11/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SPELL, CHARLIE	
STREET ADDRESS	7457 ALOMA AVENUE #100	
CITY-ST-ZIP	WINTER PARK FL 32792-9172	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOVER, PAUL	
STREET ADDRESS	7457 ALOMA AVENUE #100	
CITY-ST-ZIP	WINTER PARK FL 32792-9172	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SNYDER, MARK	
STREET ADDRESS	7457 ALOMA AVENUE #100	
CITY-ST-ZIP	WINTER PARK FL 32792-9172	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GILL, GREG	
1.3 STREET ADDRESS	409 MONTGOMERY RD #135	
1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DOVER, PAUL	
2.3 STREET ADDRESS	409 MONTGOMERY RD #135	
2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SNYDER, MARK	
3.3 STREET ADDRESS	409 MONTGOMERY RD #135	
3.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
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, with all other like empowered.

SIGNATURE: [Signature] PAUL DOVER

1/11/99

(919) 661-8310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0070715