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

DOCUMENT #	P98000033329
A Constitution Name	. 000000000

1. Corporation Name

HEILER PROPERTIES, INC

Principal Place of Business					
7602-4 CONGRESS STREET					
NEW DOOT DICHEY EL 24652					

Mailing Address

7602-4 CONGRESS STREET



NEW PORT RICHEY FL 34653	NEW PORT RICHEY FL 34653		DO NOT WRITE IN THIS SPACE
			3. Date incorporated or Qualifed 04/09/1998
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
21	26		59 - 35 1117 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired \$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip Country 24 25	Zip Cc 29 30	ountry	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes
9. Name and Address of C			10. Name and Address of New Registered Agent
GONZALES, LARRY J			Name ALFRED G. HEILER
2739 US HWY 19 STE 223		82 8	Street Address (P.O. Box Number is Not Acceptable) 7602 - 4 CONGRESS ST
HOLIDAY FL 34691		83	
		94 0	Situ 85 Zin 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 hope of registered agent and title if applicable. (NOTE: Re	ALFILED gistered Agent signature in	G. HEILER 3116199 required when reinstating) DATE				
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TIRE	D DELETE	1.1 TITLE	PRES - DIRECTOR MChange Addition				
NAME	HEILER, ALFRED	1.2 NAME	ALFRED G. HEILER				
STREET ADDRESS	7602-4 CONGRESS ST	1.3 STREET ADDRESS	ACAT -4 CANCACSS ST				
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	1.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34653				
TITLE	DELETE	2.1 TITLE	VP, SEC, TREAS, DIRECTOR Change Addition				
NAME		2.2 NAME	SCOTT HEILER				
STREET ADDRESS		2.3 STREET ADDRESS	5449 MANAGE PT DE				
CITY-ST-ZIP	- 	2. 4 CITY-ST-ZIP*	NEW PORT: RICHEY FL 34652				
TITLE ·	☐ DELETE	3.1 TITLE	UP , DITECTURE Change MAddition				
NAME		3.2 NAME	TEFFREY HEILER				
STREET ADDRESS		3.3 STREET ADDRESS	6901-12 IAN CT				
CITY ST ZIP		3.4. CITY-ST-ZIP	NEW PORT RIGHEY FL 34653				
TITLE	☐ DELETE	4.1 TITLE	Change Addition				
NAME :		4. 2 NAME					
STREET ADDRESS	•	4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
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	☐ DÉLETÉ	6.1 TITLE	☐ Change ☐ Addition				
NAME		6.2 NAME	·				
STREET ADDRESS	No. 10 MPC.	6.3 STREET ADDRESS					
CITY-ST-ZIP		6.4 CITY-ST-ZIP					

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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR