

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
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90009 033 ***300.00

DOCUMENT # P 98000033387

1. Corporation Name

Heartland Financial Corporation

Principal Place of Business

Mailing Address

6499 Powerline Road #101
Ft. Lauderdale, FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

April 13, 1998

2. Principal Place of Business

21 6499 Powerline Rd.

2a. Mailing Address

26 Same

4. FEI Number

65-0827160

Applied For

Not Applicable

Suite, Apt. #, etc.

22 #101

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

23 Ft. Lauderdale, FL

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be

Added to Fees

Zip

24 33309

Country

25 U.S.A.

Zip

29

Country

30

8. This corporation owes the current year intangible
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Charles E. Butler
315 SE 7th St. First Floor
Ft. Lauderdale, FL 33301

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 President-Treasurer ☐ DELETE
NAME Jeanine Orr
STREET ADDRESS 6499 Powerline Rd. #101
CITY-ST-ZIP Ft. Lauderdale, FL 33309

1.1 TITLE ☐ Change ☐ Addition

TITLE Vice President-Secretary ☐ DELETE
NAME Robert Gannon
STREET ADDRESS 6499 Powerline Rd. #101
CITY-ST-ZIP Ft. Lauderdale, FL 33309

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Robert M. Gannon Robert M Gannon

Date

4/29/99 (954) 938-9638

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)