## 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 # P98000076913 1. Corporation Name.

ACP-HERITAGE II, INC.

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90118 007 \*\*\*158.75



Principal Place of Business Mailing Address					- 1881188 (fill (Bill) libit: Balti #4tit Balti exit seate brite inin ibree int sea.
1353 PALMETTO AVE., SUITE 125 701 BRICKELL AVE., SUITE 3			000		
WINTER PARK FL 32789		MIAMI FL 33131			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					09/04/1998
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0863273 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	in a market in the second	27			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28		7	Trust Fund Contribution Added to Fees
Zip	Country	Zip Coun			8. This corporation owes the current year Intangible
24	25		30		Personal Property Tax. Yes
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered Agent
INTRASTATE REGISTERED AGENT CORPORATION			81	Name	
l	BRICKELL AVE., SUITE 3000	PAPORATION	82 Street Add		Address (P.O. Box Number is Not Acceptable)
1	WI FL 33131	83			
) MIN	WIFE 33131		03	ļ	
Í			84	City	FL 85 Zip Code
		4500 Florido Otto 4			
∖ office or n	egistered agent, or both, in the State o	i Florida. Such change was author	ized by	the corpor	corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida S	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		13.	n agnature to	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	0, ,,02,70, 112		1.1 TITLE		DP Change X Addition
NAME	·	1	.2 NAME		James R. Heistand
STREET ADDRESS	· .	<b>l</b> 1	1.3 STREE	TADDRESS	1353 Palmetto Ave., Ste. 125
CITY-ST-ZiP			I.4 CITY-S	T-ZIP	Winter Park, FL 32789
TITLE			2.1 TITLE		DVPST Change Addition
NAME		1 2	2.2 NAME		Bruce R. Fairty
STREET ADDRESS		2.3		TADDRESS	1353 Palmetto Ave., Ste. 125
*CITY-ST-ZIP	the second of the second of	<u> </u>	2.14 CITY S	ST-ZIP	Winter Dark ET 22780
TITLE		☐ DELETE 3	3.1 TITLE		Change Addition
NAME		3	3.2 NAME	1	
STREET ADORESS	1:	] :	3.3 STREE	TADDRESS	
CITY-ST-ZIP			3.4. CITY-S	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4	4. 2 NAME		
STREET ADDRESS			4.3 STREE	TADDRESS	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	
TITLE	1		5.1 TITLE	)	Change Addition
NAME			5.2 NAME		
STREET ADDRESS				TADORESS	
CITY-ST-ZIP			5.4 CITY+S 8.1 TITLE	I-ZIP	Change Addition
TITLE		Occein		Ì	☐ Change ☐ Addition
NAME	-		6.2 NAME		
STREET ADDRESS		l l		T ADDRESS	
CITY-ST-ZIP			6.4 CITY-S	T-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 afficiency, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RECEIVED RIFAIRTY, Director