

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

FILED  
Apr 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **S22960** (6)  
1. Corporation Name  
**HERITAGE AMERICA CORP.**

Principal Place of Business <b>450 CHALLENGER ROAD CAPE CANAVERAL FL 32920 US</b>	Mailing Address <b>450 CHALLENGER ROAD CAPE CANAVERAL FL 32920 US</b>
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/04/1991</b>	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-3115569</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Country	25. Country	29. Country		30. Country	
9. Name and Address of Current Registered Agent <b>POPP, GREGORY A ESQ 450 CHALLENGER ROAD CAPE CANAVERAL FL 32920</b>				10. Name and Address of New Registered Agent	

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCMULLEN, JR T J</b>	1.2 NAME	
STREET ADDRESS	<b>450 CHALLENGER ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CANAVERAL FL</b>	1.4 CITY-ST-ZIP	
TITLE	CVD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCPHILLIPS, MICHAEL F</b>	2.2 NAME	
STREET ADDRESS	<b>450 CHALLENGER ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CANAVERAL FL</b>	2.4 CITY-ST-ZIP	
TITLE	VSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCPHILLIPS, JACQUELINE</b>	3.2 NAME	
STREET ADDRESS	<b>450 CHALLENGER ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CANAVERAL FL</b>	3.4 CITY-ST-ZIP	
TITLE	DPT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLEMING, RANDALL M</b>	4.2 NAME	
STREET ADDRESS	<b>450 CHALLENGER ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CANAVERAL FL 32920</b>	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARTMAN, MICHAEL</b>	5.2 NAME	
STREET ADDRESS	<b>450 CHALLENGER ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CANAVERAL FL 32920</b>	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLVARD, ALISON</b>	6.2 NAME	
STREET ADDRESS	<b>450 CHALLENGER ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CANAVERAL FL 32920</b>	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: *Alison Kerr-Hull Colvard, v.p.* **ALISON KERR - HULL COLVARD** 3/23/98 407-799-4090

CP2E034 (10/97)