

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V08120** (0)
1. Corporation Name
HER-DIX ENTERPRISES, INC.

Principal Place of Business 5891 CYPRESS HOLLOW WAY NAPLES FL 33942	Mailing Address James & Laura Dixon 5891 CYPRESS HOLLOW WAY NAPLES FL 33942 2444 Ravenna Blvd #201 Naples, FL 34109
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2444 RAVENNA BLVD. Suite, Apt. #, etc. 22 # 201 City & State 23 NAPLES, FL Zip 24 34109	2a. Mailing Address 26 2444 RAVENNA BLVD. Suite, Apt. #, etc. 27 # 201 City & State 28 NAPLES, FL Zip 29 34109 Country 30 USA	3. Date Incorporated or Qualified 01/20/1992	4. FEI Number 65-0314516 Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**DIXON, JAMES
5891 CYPRESS HOLLOW WAY
NAPLES FL 33942**

10. Name and Address of New Registered Agent

81 Name DIXON, JAMES
82 Street Address (P.O. Box Number is Not Acceptable) 2444 RAVENNA BLVD.
83 STE. # 201
84 City NAPLES
85 State FL
86 Zip Code 34109

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 P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME HERMAN, DONALD		1.2 NAME	
STREET ADDRESS 3115 GULF SHORE BLVD #PH7		1.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 33940		1.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE P/V P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIXON, JAMES S		2.2 NAME	
STREET ADDRESS 5891 CYPRESS HOLLOW WAY		2.3 STREET ADDRESS 2444 RAVENNA BLVD. STE. # 201	
CITY-ST-ZIP NAPLES FL 33942		2.4 CITY-ST-ZIP NAPLES, FL 34109	
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIXON, LAURA H		3.2 NAME	
STREET ADDRESS 5891 CYPRESS HOLLOW WAY		3.3 STREET ADDRESS 2444 RAVENNA BLVD. STE. # 201	
CITY-ST-ZIP NAPLES FL		3.4 CITY-ST-ZIP NAPLES, FL 34109	
TITLE S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME HERMAN, JOAN		4.2 NAME	
STREET ADDRESS 3115 GULF SHORE BLVD N PH7		4.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E034 (10/97)