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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V16111

(9)

D. HEATON ENTERPRISES, INC.

FILED
Apr 08 1997 8:00am
Secretary of State

Densiral Due	s a of Business		Mailina Address							
,	Principal Place of Business Mailing Address S12 53RD AVENUE, E C/O WALTERS SANDERS 121 EHRLIEH RD #1028 13910 N. DALE MABRY SUITE 1						*********			
ONECO FL 34	ONECO FL 34264 TAMPA FL 3361B-2440									
US US						 Date Incorporated or Qualifiting 02/24/1992 		3a. Date of Last Report 05/01/1996		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Ar	oplied For		
21 1612 53rd Avenue E 26					65-0318150			ot Applicable		
22 Suite, Apri.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75				
City & Stal	de		27 City & State			& Florian Compaign Financia		Fee Re	· · · · · · · · · · · · · · · · · · ·	
	co FL		28			6. Election Campaign Financin Trust Fund Contribution	<u> </u>	\$5.00 Added 1		
342			Country 8. This corporation has liability for							
24 342	9. Name and Addr		29	30			Florida Statutes		□ No	
CAN		OFF OF CONTONE	radistated whatt		81 N	Name	10. Name and Address of New	Registere) Agent	
	IDERS, WALTER 10 NORTH DALE MA	BDV HWW CII	ITE 4							
	G. 107, SUITE B.	DNI 11111-, 50	116 1		82 5	Street Addr	ess (P.O. Box Number is Not Acce	ptable)		
	1PA FL 33618				83					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
		Λ			84 0	Dity		F	65 Zip (Code
11. Pursuant	to the provinces of Sec	ns 607.0502 a	nd 607.1508, Florida St	atutes, the a	bove-n	amed corp	oration submits this statement for t	ne purpose	of changing it	s registered
agent. La	am lamilar, do and ac	ept the obligatio	riorida Such change w ins of, Section 607.0505	ras autriorize 5. Florida Sta	a by in tutes:	e corporati	poration submits this statement for ti ion's board of directors. I hereby a	cept the ap	pointment as	registered
SIGNATURE	Walter 1	ludby	· · · · · · · · · · · · · · · · · · ·	NALTO	ER	SAL	DERS	1-	29-9	7
12.		ne of registered agent at DEFTCERS AND D	nd the if applicable	(NOTE Registere	d Agent s	ignature requir	ed when reinstaling)	DATE	ID DIDECTOR	
TITLE	l D	DITIGENS AND L	DELETE	13.	ITI E		ADDITIONS/CHANGES TO O	FFICERS AF	Change	Addition
NAME	HEATON, DAVID			1.2 N					C virginge	Addition
STREET ADDRESS	4731 HUNTERS RI	JN			TREET ADO	DRESS				
CITY - S1 - ZIP	SARASOTA FL				ITY-ST-Z					
TOTALE	D		☐ DELETE	2.1 TI					Change	Addition
NAME	HEATON, DEBRA			22 N	AME					
STREET ADDRESS	4731 HUNTERS R	JN		235	TREET ADD	DAESS				
DITY-ST-7:P	SARASOTA FL			2 4 0	HTY-ST-Z	MP.				
TILE			☐ DELETE	31 TI					Change	Addition
NAMI				3.2 N						
STREET ADDRESS				i i	TREET ADD					Ì
CITY-ST-ZiE: THLE		•••	DELETE	3 4. C	ITY-ST-Z	TIP			Change	Addition
NAME				4. 1 N					CT OF MINES	L. Addition
STREET ADORESS					TREET ADD	DRESS				
CITY - ST - ZIP					ITY - ST - ZI					
DILE		·.	DELETE	5.1 TI		·			Change	Addition
NAME		•		5.2 N/						
STREET ADDRESS				5.3 \$1	TREET ADD	HESS				
CITY+ST-ZIP				5 4 CI	ITY-\$T-ZI	ρ				
TITLE			DELETE	6.1 TI	TLE				☐ Change	Addition
NAME				6.2 N/	AME					
STREET ADDRESS				6.3 \$1	TREET ADD	ress				
C/TY - ST - 7/P	no godin to the order	\triangle	the state falling and a second	6.4 CI	TY-51-ZI	<u> </u>	- CP 440 C			

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 charged, or on an all achment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PROTECT NAME OF SIGNING OFFICER OR DIREC

3-7-97 (941) 78-3999