
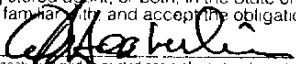
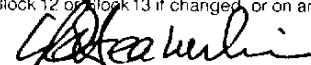


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V18057 (2) 1. Corporation Name HEABERLIN ENTERPRISES, INC.			
Principal Place of Business 17421 ALEXANDER RUN JUPITER FL 33478		Mailing Address P.O. BOX 115 JUPITER FL 33468 US	
2. Principal Place of Business 21 1549 SAUTERN DRIVE Suite, Apt. #, etc		2a. Mailing Address 26 1549 SAUTERN DRIVE Suite, Apt. #, etc	
22 City & State 23 FT MYERS, FL Zip, 33919 Country USA		27 City & State 28 FT MYERS, FL Zip 33919 Country USA	
24 33919 25 USA		29 33919 30 USA	
9. Name and Address of Current Registered Agent HEABERLIN, W. BRUCE 17421 ALEXANDER RUN JUPITER FL 33478		10. Name and Address of New Registered Agent 81 Name HEABERLIN, W. BRUCE 82 Street Address (P.O. Box Number is Not Acceptable) 1549 SAUTERN DRIVE 83 84 City FT MYERS FL 85 Zip Code 33919	
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  W. BRUCE HEABERLIN, PRES 7/24/96 <small>Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
12. OFFICERS AND DIRECTORS			
TITLE	PST	<input type="checkbox"/> DELETE	
NAME	HEABERLIN, W. BRUCE		
STREET ADDRESS	17421 ALEXANDER RUN		
CITY - ST - ZIP	JUPITER FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	HEABERLIN, W. BRUCE		
STREET ADDRESS	17421 ALEXANDER RUN		
CITY - ST - ZIP	JUPITER FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME	1849 Sautern Drive		
1.3 STREET ADDRESS	Ft Myers, FL 33919		
1.4 CITY - ST - ZIP			
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME	1849 Sautern Drive		
2.3 STREET ADDRESS	Ft Myers, FL 33919		
2.4 CITY - ST - ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE:  W. BRUCE HEABERLIN 7/24/96 941-437-3935 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E034 (3/96)