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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V55138

(4)

HERITY INTERNATIONAL CORPORATION

FILED

Jan 20 1998 8:00am

Secretary of State

Principal Place of Business	Mailing Address			(81) 61211 81811 91811 91811 1961
3278 WESTMINSTER DRIVE BOCA RATON FL 33496	3278 WESTMINSTER ORIVI BOCA RATON FL 33496	Ē		
boon intollic gate	DOON TINTON TO GOTO		DO NOT WRITE IN THI	IS SPACE
			3. Date Incorporated or Qualified 08/04/1992	
2. Principal Place of Business	2a. Mailing Address	The second secon	4, FEI Number	Applied For
21	26		65-0350963	Not Applicable
Suite, Apt. #, otc.	Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	28] Zip	Country	1 Trust Fund Contribution	Added to Fees
24 25		30	 This corporation owes or has paid the of Personal Property Tax due June 30. 	Yes No
	Current Registered Agent		10. Name and Address of New Registers	
KRANGLE, ELLIOT		81 Name		
3278 WESTMINSTER DR		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33496				
		83		
		84 City	F	85 Zip Code
agent. I am familiar with, and accept th	507.0502 and 607.1508, Florida Statute le State of Florida. Such change was at e obligations of, Section 607.0505, Flor	s, the above-named corp ithorized by the corporati ida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered ppointment as registered
SIGNATURE Signature, typed or printed name of rege	stered agent and tile if applicable (NOTC	Registered Agent signature requir	DATE DATE	
	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
THLE PSTO	☐ DELETE	1.1 TOLE		☐ Change ☐ Addition
NAME KRANGLE, ELLIOT	ADII #	1.2 NAME		
STREET ADDRESS CITY-ST-7IP 3278 WESTMINSTER D BOCA RATON FL 3349		1.3 STREET ADDRESS		
	DELETÉ	1.4 CHY-ST-ZIP	···	Change Addition
TALE	purite	2.1 TIDLE		Change Addition
NAME STREET ADDRESS		2.2 NAME		
CITY-ST-ZIP		2.3 STREET ADDRESS 2. 4 CHY-S1-ZIP		
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-S1-ZIP		3.4. City - St - ZiP		
TITLE	DELETE	4.1 10LE		Change Addition
NAME		4 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4 4 CiTY - ST - ZIP		
TITLE	☐ DELETE	5 1 1IILE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADORESS		
CITY-S1-7IP		5.4 CITY - \$1 - ZIP		
TITLE	DELETE	6.1 141.5		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-7IP		6.4 CHY- S1 - ZIP		

14. Thereby 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 armuel 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 on 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, curvey as a state of the corporation on the receiver of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, curvey as a state of the corporation of the corporati