

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000014890 (5)
 1. Corporation Name
HERITAGE DEVELOPMENT SOUTH, INC.



Principal Place of Business ONE HERITAGE PL., STE. 400 SOUTHGATE MI 48195	Mailing Address ONE HERITAGE PL., STE. 400 SOUTHGATE MI 48195
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/21/1994	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
27 Suite, Apt. #, etc.		28 City & State		29 Zip	
30 Country		31		32	
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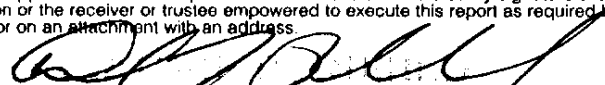
9. Name and Address of Current Registered Agent B & C CORPORATE SVCS. OF CENTRAL FLA., INC % RANDALL M. ALLGOOD 390 N. ORANGE AVE., STE. 1100 ORLANDO FL 32801				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code	
				FL	

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRECHTER, HEINZ C	1.2 NAME	
STREET ADDRESS	ONE HERITAGE PLACE, SUITE 400	1.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHGATE MI 48195	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREADWELL, DAVID	2.2 NAME	
STREET ADDRESS	ONE HERITAGE PLACE, SUITE 400	2.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHGATE MI 48195	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOENIG, LORI E	3.2 NAME	
STREET ADDRESS	ONE HERITAGE PLACE, SUITE 400	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHGATE MI 48195	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	S MORELLO, STEVEN J.
STREET ADDRESS		4.3 STREET ADDRESS	ONE HERITAGE PLACE, SUITE 400
CITY-ST-ZIP		4.4 CITY-ST-ZIP	SOUTHGATE, MI 48195
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.

SIGNATURE:  3/30/98 (313) 246-0165

CR2E034 (10/97)