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Jan 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000067707 (7)

1. Corporation Name
HIGHLANDER ENGINEERING, INC.



Principal Place of Business: 5017 LOG CABIN DRIVE LAKELAND FL 33809
Mailing Address: 5017 LOG CABIN DRIVE LAKELAND FL 33810-0179

3. Date Incorporated or Qualified: 09/14/1994
3a. Date of Last Report: 01/29/1996

2. Principal Place of Business: 21 500 S. Florida Ave.
2a. Mailing Address: 26 500 S. Florida Ave.

4. FEI Number: 59-3267407
Applied For: Not Applicable

Suite, Apt. #, etc.: 22 Suite 600
27 Suite 600

5. Certificate of Status Desired:
\$8.75 Additional Fee Required

City & State: 23 Lakeland, FL.
28 Lakeland, FL.

6. Election Campaign Financing Trust Fund Contribution:
\$5.00 May Be Added to Fees

Zip: 24 33801
Country: 25 USA
29 33801
Country: 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
BLACK, KENNETH
5017 LOG CABIN DR
LAKELAND FL 33809

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

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 a registered agent under 607.0505, Florida Statutes.

SIGNATURE: *Kenneth E. Black* Kenneth E. Black, President 1-22-97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	BLACK, KENNETH	
STREET ADDRESS	5017 LOG CABIN DR.	
CITY - ST - ZIP	LAKELAND FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BLACK, SHERRY	
STREET ADDRESS	5017 LOG CABIN DR.	
CITY - ST - ZIP	LAKELAND 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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 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: *Sherry Black* Sherry Black 1-22-97 (941) 686-7767
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)