

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90015 007 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000074841**
 Corporation Name
HIGHWAY ONE ASSOCIATES, INC.



Principal Place of Business
**302 HAMPDEN DR
 TAMPA FL 33626**
 S

Mailing Address
**8202 HAMPDEN DRIVE
 TAMPA FL 33626**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
302 HAMPDEN DR TAMPA FL 33626		8202 HAMPDEN DR.		09/06/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-3408793	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
TAMPA, FL		TAMPA, FL		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25		29 33626-2935	30 USA	\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
SNEED, VERN 8802 HAMPDEN DR TAMPA FL 33626		81 Name			
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City	FL	85 Zip Code	

1. 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: SNEED, VERN STREET ADDRESS: 8802 HAMPDEN DR CITY-STATE-ZIP: TAMPA FL 33626 <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	
TITLE: STD NAME: SNEED, BEVERLY STREET ADDRESS: 8802 HAMPDEN DR CITY-STATE-ZIP: TAMPA FL 33626 <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____ <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____ <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____ <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____ <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	

4. 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: Vern Sneed 7-1-99 813-920-2071

CRZE034 (5/99)

P9600007484
583371-90015-7

Highway One Associates, Inc.
8802 Hamden Dr.
Tampa, Florida 33626
Telephone (813) 920-2071
FAX (813) 920-1001

Highway One Associates, Inc.

July 2, 1999

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Attention: Annual Reports Administration

Subject: Address Correction for Mailing Address of Corporation

Re: Telecon this date to Division of Corporations (Shawn)

Dear Sir/Madam:

The enclosed form was found by someone and brought to my home since there is no address for the "mailing address" as the form was sent to. Last year we attempted to correct the addresses on the form we returned but the "mailing address" was not corrected and we did not get the notice for this years filing of the annual report. (Luckily someone brought the "second notice" to me)

Please accept my apology for the mistake and the filing fee for the annual report is enclosed along with the correction of the address.

Last year we also sent a request and fee for a copy of the Articles of Incorporation for Highway One Association, Inc. to be sent to us. It was obviously sent to the wrong address. Please send me a copy to the corrected address. Copy of the request from last year is enclosed:

Sincerely,



Vern Sneed
President

P96000074841
583371-90015-7

Beverly Sneed
Highway One Associates, Inc.
8802 Hampden Drive
Tampa, FL 33626

January 7, 1998

Annual Reports Filings
Certification Section
P.O. Box 6327
Tallahassee, FL 32314

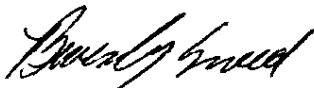
To Whom it may Concern:

Enclosed please find my check in the amount of \$10.00. For this fee, please send me a copy of my Articles of Incorporation for Highway One Associates, Inc.. My FEI number is 59-3408793 and the document # referenced on my Annual Report is P96000074841.

Please send to the correct address above "8802 Hampden Drive".

Thank you,

HIGHWAY ONE ASSOCIATES, INC.



Beverly Sneed
Secretary/Treasurer