

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

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90030 020 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **V72433**

1. Corporation Name  
**HIGHTOWER INVESTMENTS, INC.**

Principal Place of Business

~~6770 PELICAN BAY BLVD., #224~~  
~~NAPLES FL 34108~~  
 US

Mailing Address

~~6770 PELICAN BAY BLVD., #224~~  
~~NAPLES FL 33963~~



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/20/1992**

4. FEI Number

**65-0363017**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 **95 Ponte Vedra Colony**

2a. Mailing Address

26 **95 Ponte Vedra Colony**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Ponte Vedra Beach, FL**

City & State

28 **Ponte Vedra Beach, FL**

Zip

**32082**

Country

25 **US**

Zip

**32082**

Country

30 **US**

9. Name and Address of Current Registered Agent

**WEBER, BRYAN L.**  
**6770 PELICAN BAY BLVD., #224**  
**NAPLES FL 34108**

10. Name and Address of New Registered Agent

81 Name **Same**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**95 Ponte Vedra Colony**  
 83  
 84 City **Ponte Vedra Beach** **FL** 85 Zip Code **32082**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

TITLE **S**  
 NAME **WEBER, BRYAN L.**  
 STREET ADDRESS **6770 PELICAN BAY BLVD.**  
 CITY-ST-ZIP **NAPLES FL** *change address ->*

TITLE **P**  
 NAME **NICEWONDER, J.D.**  
 STREET ADDRESS **6770 PELICAN BAY BLVD.**  
 CITY-ST-ZIP **NAPLES FL** *change address ->*

TITLE  DELETE

TITLE  DELETE

TITLE  DELETE

TITLE  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS **95 Ponte Vedra Colony**  
 1.4 CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

2.1 TITLE  Change  Addition  
 2.2 NAME **145B Bristol E. Rd.**  
 2.3 STREET ADDRESS **Bristol, VA 24201**  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

4.1 TITLE  Change  Addition

5.1 TITLE  Change  Addition

6.1 TITLE  Change  Addition

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, with all other like empowered.

SIGNATURE:

*Bryan L. Weber*  
**BRYAN L. WEBER**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-3-99**

Date

**904-502-9500**

Daytime Phone #

CR2E034 (11/98)