

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F19484

1. Corporation Name

HIGH PINES REALTY CORP.

Principal Place of Business Mailing Address
5700 LAKE WORTH RD.
311
LAKE WORTH FL 33463
US

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. 27
22 City & State
23 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
STABILE, EDITH
3836 POINCIANA DR, APT 106
LAKE WORTH FL 33467

DO NOT WRITE IN THIS SPACE		
3. Date Incorporated or Qualified	02/12/1981	
4. FEI Number	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent		
81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	FL 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, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3836 POINCIANA DR, APT. 106	1.2 NAME		
CITY-ST-ZIP	LAKE WORTH FL	1.3 STREET ADDRESS		
		1.4 CITY-ST-ZIP		
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3836 POINCIANA DR, APT 106	2.2 NAME		
CITY-ST-ZIP	LAKE WORTH FL	2.3 STREET ADDRESS		
		2.4 CITY-ST-ZIP		
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		3.2 NAME		
CITY-ST-ZIP		3.3 STREET ADDRESS		
		3.4. CITY-ST-ZIP		
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		4.2 NAME		
CITY-ST-ZIP		4.3 STREET ADDRESS		
		4.4 CITY-ST-ZIP		
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		5.2 NAME		
CITY-ST-ZIP		5.3 STREET ADDRESS		
		5.4 CITY-ST-ZIP		
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		6.2 NAME		
CITY-ST-ZIP		6.3 STREET ADDRESS		
		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, with all other like empowered.

SIGNATURE: *Katherine Harris* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Katherine Harris

4/15/99 561-437-5052

Date

Daytime Phone #

0354951

CR2E034 (11/98)