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

**PROFIT CORPORATION ANNUAL REPORT** 

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1997	DIVISION OF	CORPORATIONS	Societai	y of State
DOCUI	MENT # H5430	1 (7)			
HIGHLIG	SHTS, INC.		*	:	
				T HERLER BIE GEWEN BEREI BEWEN WILL BOOK WILL BEGE	ATEN BURK LIGH BURK GLOCK (BA
Principal Plac	e of Rusiness	Mailing Address	<del></del>		
6848 81ST S. 6648 31ST S.					
ST. PETERSBURG FL 33712		ST. PETERSBURG FL 33	712		
			i	3. Date Incorporated or Qualified 3	a. Date of Last Report
				04/29/1985	05/02/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21	# 414	26		59-2524340	Not Applicable
Suite, Apt.	#, BIC.	Suite, Apt. #, etc.	:	5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	в	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intain	
24	25 9. Name and Address of Curr	29 29 Apent	30	Florida Statutes Ye  10. Name and Address of New Regist	
SWI:	SHER, JOHN E.	- Togoto - Gont	81 Name	to, italio alle Madross di How Hogisi	ond Agont
% D	MLLINGER & SWISHER, P.A.		82 Street	Address (P.O. Box Number is Not Acceptable)	
5511 CENTRAL AVENUE				Todaless (1.0, Box Normber 15 Not Acceptable)	
ST.	PETERSBURG FL 33710		83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508. Florida Statu	ites, the above-named	corporation submits this statement for the ouro	
office or r	registered agent, or both, in the Sta	ate of Florida, Such change was ligations of, Section 607,0505.	authorized by the corp	corporation submits this statement for the purp poration's board of directors. I hereby accept the	e appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered a	agent and title if applicable. (NC ND DIRECTORS	TE: Registered Agent signature	required when reinstating) C ADDITIONS/CHANGES TO OFFICER:	DATE
TITLE	P\$	DELETE	1.1 TOLE	ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME	DAMPIER, CAROL C.		1.2 NAME		
STREET ADDRESS	6648 31ST S.		1.3 STREET ADDRESS		Ĭ
CITY-ST-ZIP	ST. PETERSBURG FL	T on the	1.4 City - ST - ZIP		
TITLE NAME	VT   Hernandez, George	☐ DELETE	21 TITLE 22 NAME		Change Addition
STREET ADORESS	6648 31ST S.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		2. 4 CITY - ST - ZIP		Ì
YITLE		☐ DELETE	3.1 TOLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE		DELETE	3.4 CITY-ST-2IP 4.1 TILLE		Change Addition
NAME	,		4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		Ì
CITY-ST-ZIP		☐ DELETE	4.4 CITY - ST - ZIP		Change Taken
TITLE		☐ DETEIR	5.1 TITLE 5.2 NAME		Change Addition
NAME STREET ADDRESS			5.3 \$TREET ADDRESS		
CITY-ST-ZIP			5.4 ÇİTY - ST- ZIP		Ì
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		]
STREET ADDRESS			6.3 \$TREET ADDRESS		}
CITY-ST-ZIP	l		6.4 CITY - ST- ZIP		

4. (all's 51-2)P

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 trusted 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 attachness with an address.

SIGNATURE:

**FILED** 

May 19 1997 8:00am

Secretary of State