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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K06215

1. Corporation Name

HICHLY	N REAL ESTATE, INC.						
Principal Plac	e of Business	Mailing Address)1911 B1811 B1811 B1811 B1811 3	35811 01014 1081
11628 SW 75TH CIRCLE 11628 SW 75TH CIRCLE							
OCALA FL 34476 OCALA FL 34476					DO NOT WRITE IN	THIS SPACE	
U\$ U\$					3. Date Incorporated or Qualifed	***************************************	
					12/10/1987		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For
21 26					59-2900109	· No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75	
27					5. Certificate of Status Desired	Fee Re	equired.
City & State City & State					6. Election Campaign Financing	\$5.00	· ·
23 28					Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip	Country	/	8. This corporation owes the current year	ar Intangible X Yes	□No
24	25		30		Personal Property Tax. 10. Name and Address of New Register		
	9. Name and Address of Curi	ent Registered Agent	81	Name	TV. Name and Address of New Adgress	nea Agent	
ZAO	rski, richard W.			}			
11628 SW 75TH CIRCLE			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
OCALA FL 34476			83		··		
				ļ			
			84	City		FL: 85 Zip (Code
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obl	te of Florida. Such change was autigations of, Section 607.0505, Floridations	thorized by da Statutes	tne corporation	oration submits this statement for the purposon's board of directors. I hereby accept the a	appointment as re	gistered
12.	Signature, typed or printed name of registered	AND DIRECTORS	13.	in signatore require	ADDITIONS/CHANGES TO OFFICER		ORS IN 12
TITLE	DPT	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	ZAORSKI, RICHARD W.		1.2 NAME				
STREET ADDRESS	44000 OUL ZETH CIDCLE		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP				
TITLE			2.1 TITLE			☐ Change	Addition
NAME	ZAORSKI, LINDA P.		2.2 NAME	}			
STREET ADDRESS	44000 OW ZETH CIDCLE		2.3 STREE	TADDRESS			
CITY-ST-ZIP	OCALA FL		2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		The state of the s	Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-1	ST-ZIP			- Lev
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		Doctor	4.4 CITY-S	T-ZIP		Change	` Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			Change	C Addition
NAME				T ADDRESS			
STREET ADDRESS			5.4 CITY- 9				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME		<u></u>	6.2 NAME	Ì	,	_ ,	
STREET ADDRESS			6.3 STREE	TADORESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Richard W.Zaorski SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIA

352-873-4599