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

Mailing Address

US

751J ENTERPRISE COURT

MELBOURNE FL 32934

2a. Mailing Address

PROMT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **K50466**

Principal Place of Business

751J ENTERPRISE COURT

MELBOURNE FL 32934

HIGH STANDARDS, INC.

2. Principal Place of Business Not Applicable 59-2926590 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Zip Country Zip **⊠**No 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BORTHWICK, FRED D. Street Address (P.O. Box Number is Not Acceptable) 4926 FLORA DRIVE MELBOURNE FL 32934 83 Zip Code 85 84 City 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 (NOTE: Registered Agent signature required Signature, typed or printed name of registered agent and title if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12 ☐ Change DELETE 1,1 TITLE TITLE BORTHWICK, FRED D. NAME 1.3 STREET ADDRESS **4926 FLORA DRIVE** STREET ADDRESS 1.4 CITY-ST-ZIP **MELBOURNE FL 32934** CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME BORTHWICK, ROSALY F. NAME 4926 FLORA DRIVE 2.3 STREET ADDRESS STREET ADDRESS **MELBOURNE FL 32934** 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DOFLETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition 6.1 TITLE ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90064 028 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

12/16/1988

4. FEI Number

Block 12 or Block 13 if changed, or on an attachment all other like empowered. **SIGNATURE**