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 # L19182

1. Corporation Name

COLLNEI	R, HIGGINS & ANDERSEN,	INC.							
Principal Place	of Business	Mailing Address					1881 1811 1811 1811	ii gija gugun grant K	A FILONOLIUM
400 HIGH POINT DR. SUITE 375 COCOA FL 32926-6661 400 HIGH POINT DR. SUITE 375 COCOA FL 32926-6661 COCOA FL 32926-6661			375			DO NO	WRITE IN THIS	SPACE	
						3. Date incorporated or Qu	alifed		
						09/27/1989			1
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		App	olied For
21		26				59-2972812		Not	Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desi	red 🗆	\$8.75 A	
22		. 27	1200	=		5. Certificate of Status Desi		Fee Re	quired
City & State		City & State			6. Election Campaign Final	ncing	\$5.00		
23		28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the	e current year In		
24	25	29	30			Personal Property Tax.			□No
9. Name and Address of Current Registered Agent						10. Name and Address of	New Registered	Agent	
				81	Name				
ROBERT E ANDERSEN JR				82	Street Ad	Idress (P.O. Box Number is Not A	cceptable)		
400 HIGH POINT DR.							· · ·		
SUITE 375				83					
COCOA FL 32926				-	0.4			85 Zip C	ode
				84	City		FL	.	
11. Pursuant office or reagent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State or in familiar with, and accept the obligati	2 and 607.1508, Florida Statute of Florida. Such change was a ions of, Section 607.0505, Flor	es, the a uthorized rida Stat	bove by utes	e-named co the corpora	orporation submits this statement fation's board of directors. I hereby	or the purpose of accept the appo	changing its intment as reg	registered jistered
SIGNATURE		n 14 410				stead when counciding?	DATE		
	Signature, typed or printed name of registered agent OFFICERS ANI	· · · · · · · · · · · · · · · · · · ·	13.	Agen	it signature req	uired when reinstating) ADDITIONS/CHANGES		ND DIRECTO	RS IN 12
12.	D OFFICERS AND	D DELETE	1.1 TI	ΠF		7551110110701	9	Change	Addition
								_	
NAME	COLLNER, RICHARD D.				ADDRESS				
STREET ADDRESS	1010 TIIDDLIT BUIL BIALE				1				
CITY-ST-ZIP			1.4 G	TY-S]	I-ZIP		,	[Change	Addition
TITLE	D COMO COMADO I			AME	ł				_
NAME	HIGGINS, EDWARD J.								
STREET ADDRESS	4021 CAREYWOOD DRIVE				ADDRESS		,		
CITY-ST-ZIP	MELBOURNE FL	□ DELETE	_	TY-S	T-ZIP			Change	Addition
TITLE	DPTS	☐ DETEIE	3.1 TI					, onango	
NAME	ANDERSEN, ROBERT E. JR.		3.2 N		ļ				
STREET ADDRESS	400 HIGH POINT DRIVE, SUITE	: 300			ADDRESS				
CITY-ST-ZIP	COCOA FL			ITY-S	T-ZIP			Change	Addition
TITLE	CFO	☐ DELETE	4.1 TI		l				L. Addition
NAME	ANDLINGIN, NODELLI E OIL			IAME					
STREET ADDRESS	100 111011 1 01111 0101		TREET	ADDRESS					
CITY-ST-ZIP			_	∏Y-SÎ	T-ZIP			Change	Addition
TITLE		☐ DELETE	5.1 T	ITLE	- 1			□ change	☐ vagaragit

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 suppliemental 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 priorit as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation of Block 12 or Block 13 if changed, or or

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

3/22/98

631-5121

Addition

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90010 024 ***150.00