, FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 FILED **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham 97 MAY -1 AM 11: 19 ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # 159603 Hialenh-Lakes Taxi Conforation Mailing Address West yother. HiAlenh Fl 33012 3. Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #. eta 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country $Z_{\rm ID}$ Country Zip 8. This corporation has fiability for intangible tax under s. 199.032, Yes No 24 Fiorida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 33142 Milmi 84 Zip Code 11. Pursuant to the previsions 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. Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) En cature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE PUT 1.1 TITLE HE 600002167355-015 -05/06/97-01065-015 1 2 NAME NAME 1 3 STREET ADDRESS STREET ADDRESS ****165.80 ****165.00 CITY-ST-ZIP CHY-51 7IP Change Addition 2.1 TITLE THUE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 1160 W 40th Place, Hiphorph, A33012 2.4 CITY-ST-ZIP City St air 3 1 TITLE Change Addition TILLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ALROHISE 3 4. City - ST - ZIP OTr · S¹ Z₽ Change Addition 4.1 DTLE THE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP COY ST Addition DELETE Change 5.1 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 City - ST - ZIP Offic St Change Addition DELETE 61 TITLE THE 6.2 NAME 129 6.3 STREET ADDRESS STREET AND GRES 6.4 CITY-ST-ZIP 14. If do to elegate the conformation 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 advantage on this arrush 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 Larran efficiency discretion of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block, 12 or Block, 13 of changed, or on an attachment with an address.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR