- COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998# ABA



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

HIGHLINE MOTORS, INC.

1. Corporation Name

FILED Aug 19, 1998 8:00 am Secretary of State



Principal Place of Business Mailing Address						I (mercal) file ficial contractions	TERRI MIGHT BIE	,8) 81831 88	(B()
1/0 WILLIAM STEVENS C/O WILLIAM STEVENS						~			
HIGHWA	Y 92 EAST	11524 HIGHWAY 9	2 EAST			, , , , , , , , , , , , , , , , , , ,	TI II C C C C	05	
3			4			DO NOT WRITE IN THIS SPACE			
_F U\$						3. Date Incorporated or Qualified			
						04/25/1990			
2. Principal Place of Business 2a. Mailing Address			·SS			4. FEI Number			plied For
26				<u> </u>		59-3012392			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			etc.			5. Certificate of Status Desired			dditional
27						Fee Required			
City & State City & State						6. Election Campaign Financing \$5.00 May Be			
-:		28	28			Trust Fund Contribution			
Zip Country		Zip	Zip Country			8. This corporation owes or has paid the current year Intangible			
25		29	29 30			Personal Property Tax due June 30. Yes No			
* .	9. Name and Address	of Current Registered Agent				10. Name and Address of New Registe	ered Agen	t	
STE	VENS, WILLIAM			81	Name				
11524 HIGHWAY 92 EAST			•	82	Ctroot Addro	ess (P.O. Box Number is Not Acceptable)	-		~~
	FNER FL 33584		82 Street Ad		Street Addre	ess (P.O. Box Number is Not Acceptable)			
OL!	11161111 60004			83		<u>,</u>			
				L					
				84	City		FL 85	Zip C	Code
	 			<u>_</u> L	 :	ration submits this statement for the purpose			-1-4
SIGNATURE	Signature, typed or printed name of r		(NOTE: Register	ed Age	nt signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFICER	ATE	PECTO	RS IN 12
12.		ICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICER	[-		
IIILE	PD NO MARKANA	L D€	LETE 1.1 TIT		,			Change	Addition
NAME	STEVENS, WILLIAM		1.2 NA						
STREET ADDRESS	11524 HIGHWAY 92 E	ASI	1.3 STF	REETAD	DDRESS				
CITY-ST-ZIP	SEFFNER FL 33584			Y-ST-ZI	IP				
TITLE	VPS	, DE	LETE 2.1 TIT	LE			L] c	Change	Addition
NAME	KRAUS, MICHAEL E		2.2 NA	ME					
STREET ADDRESS	11524 HIGHWAY 92 E	AST	2.3 STF	REETAD	DDRESS				
CITY-ST-ZIP	SEFFNER FL 33584		2.4 CIT	Y-ST-Z	IP		·		
TITLE	T	☐ DE	LETE 3.1 TIT	LÉ	•	Ÿ		hange	Addition
NAME	KITELINGER, TERRY		3.2 NA	ME		<u>.</u>			٠
STREET ADDRESS	11524 HIGHWAY 92 E	AST	3.3 STF	REET AL	DDRESS				
CITY-ST-ZIP	SEFFNER FL 33584		3.4 CIT	Y-ST-ZI	IP				
TITLE		DE	LETE 4.1 TIT	LE				Change	Addition
NAME			4.2 NA	ME				-	
STREET ADDRESS	ĺ		4.3 STF	REETAD	OORESS				}
CITY-ST-ZIP			ll ll	Y-ST-ZI	ř				
TITLE		DE					<u>П</u>	hange	Addition
NAME			5.2 NA						
STREET ADDRESS			H		ODRESS	· la			}
			И	Y-ST-ZI		A > .			
CITY-ST-ZIP TITLE		——————————————————————————————————————			r			Change	Addition
		∟ DE				· · · · · · · · · · · · · · · · · · ·	<u> </u>	nange	L Addition
NAME			6.2 NA		ongrée	r e			
STREET ADDRESS	1		H		ODRESS	,			
CITY-ST-ZIP	1		6.4 CIT	T-ST-ZI	₽				i

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.

STOUIRE William S. Stevens