

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

03/17/99

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90155 017 ***150.00

DOCUMENT # M26139

1. Corporation Name HIGHSMITH AIR, INC.



Principal Place of Business 401 WEST MINSTER STREET P.O. BOX 617260 ORLANDO FL 32803 US

Mailing Address P.O. BOX 547902 ORLANDO FL 32803 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21, 22, 23, 24. 2a. Mailing Address 26, 27, 28, 29, 30.

3. Date Incorporated or Qualified 01/21/1986. 4. FEI Number 59-2629145. 5. Certificate of Status Desired. 6. Election Campaign Financing. 8. This corporation owes the current year intangible Personal Property Tax.

9. Name and Address of Current Registered Agent HIGHSMITH, EDWIN G. 5936 FOREST GROVE BLVD. ORLANDO FL 32808

10. Name and Address of New Registered Agent 81 Name Highsmith, Edwin G. 82 Street Address (P.O. Box Number is Not Acceptable) 701 Westminster St. 83 84 Orlando FL 85 Zip Code 32803

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 [Signature] DATE 1-4-99

Table with 5 rows and 2 columns: OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: DP HIGHSMITH, EDWIN G. 5936 FOREST GROVE BLVD. ORLANDO FL.

Table with 5 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows 1-5 are empty.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(t), 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.

SIGNATURE: [Signature] Pres. DATE 1-4-99 DAYTIME PHONE # 407-895-1111

CR2E034 (1/198)