FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700000410

Corporation Name

HIGHWAY COMMUNITY OUTREACH, INC.

'rincipal Place of Business

4441 W. SUNRISE BLVD. PLANTATION FL 33313

Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

Mailing Address

2a. Mailing Address

PO OFFICE BOX 16690 PLANTATION FL-33913 3338

US

FILED Jul 08, 1999 8:00 am Secretary of State

07-08-1999 90024 018 ****70.00





Applied For

Not Applicable

3. Date Incorporated or Qualifed

01/21/1997 4. FEI Number

65-0724749

City & State	City & State		\$8.75 Additiona	şi li
]			5. Certificate of Status Desired Fee Required	
Zip	Country Zip	Country 1	6. Election Campaign Financing \$5.00 May Be	
	/ 25 29 <i>33318</i> 3	o isnowand	Trust Fund Contribution Added to Fees	
	Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		Name	Mixited Willett Dr	
MITCHELL	-, WILLETT DR. 4441 W. Sunnise BW. 99TH TERRACE. Plantation Fe. 33313	82 Stregt)Ad	dress (P.O. Box Number is Not Acceptable)	\neg
	99TH TERRACE.	44	41 W. SUNRISE BLVU.	
SUNRISE.	FL 33357 Plantation / 2. 2531.9	83	•	
		84 City ()	ANTIPPION FL 85 Zip Code 33313	
		1 1 / -	- - - - - - - - - - 	
office or re	to the provisions of Sections 617.0502 and 617.1508, Florida Statutes egistered agent, or both, in the State of Florida. Such change was aut m familiar with, and accept the obligations of, Section 617.0503, Florid	norized by the corpora	rporation submits this statement for the purpose of changing its registention's board of directors. I hereby accept the appointment as registered	, pu
SIGNATURE	NOTE P	egistered Agent signature requ	rad when reinstation) DATE	. [
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R) OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2
TILE	PD DELETE	1.1 TITLE /	Coldinase Only	
JAME	MITOURIL MILLETT DD	1.2 NAME	MITCHELL WILLET DI. (PD)	
TREET ADDRESS	4111 N.W. 99TH TERRACE P.O. BOX 16690	1.3 STREET ADDRESS	P.O. BOX 16690	
XITY-ST-ZIP	4111-N.W. 99TH TERRACE P.O. BOX 16690 SUNRISE FL 33351 Plantation, FC. 33318 SD DELETE	1.4 CITY-ST-ZIP	Plantation, FC. 33310.	
TITLE	SD DELETE	2.1 TITLE	5 D. (Addiress on 14) ☐ Change ☐ Ad	dition
JAME		2.2 NAME	Auron C. D.	
STREET ADORESS	AUSTIN, S. D. BR. 4111 N.W. 99TH TERRACE P.O., BOX 16690 SUNRISE FL 33351 Plantation, R. 3338	2.3 STREET ADDRESS	P. D. BOX 16690 plantation , FL, 33318	
CITY-ST-ZIP	SUNRISE FL 33351 Plantation, R. 33318	2.4 CITY-ST-ZIP	P. U. Plantation IPC,	
TILE	TD DELETE	3.1 TITLE	☐ Change ☐ Ad	dition
VAME	SMITH, B J	3.2 NAME		
STREET ADDRESS	1520 WILTSHIRE VILLAGE DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL 33409	3.4. CITY-ST-ZIP	□ C.	Idition
III/E	MÉM ☐ DELETE	4.1 TITLE	☐ Change ☐ Ad	MINOR
NAME	MAJORS, JIMMIE	4.2 NAME		
STREET ADDRESS	4424 STEPPLETON WAY	4.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC 28215	4.4 CITY-ST-ZIP	☐ Change ☐ Ad	dition
TITLE		5.1 TITLE 5.2 NAME	₩ Stranger □ / W	
VAME		5.3 STREET ADDRESS		
STREET ADDRESS		5.4 CITY-ST-ZIP		
CITY-ST-ZIP	□ DELETE	6.1 TTLE	☐ Change ☐ Ac	ddition
ITTLE	ب ماداد	6.2 NAME	~	
NAME !		6.3 STREET ADDRESS		
STREET ADDRESS		6.4 CITY-ST-ZIP		
CITY-ST-ZIP	pertify that the information supplied with this filing does not qualify for t	he exemption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the informati	ion
indicated officer or	on this annual report or supplemental annual report is true and accura	ite and that my signati ocute this report as rec	ure shall have the same legal effect as it made under oath; that i am an juired by Chapter 617, Florida Statutes; and that my name appears in	