


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000004624 (9) 1. Corporation Name HEIGHTS ACADEMY, INC.					
Principal Place of Business 6070 WOLF STREET PALM CITY FL 33418			Mailing Address 6070 WOLF STREET PALM CITY FL 33418		
2. Principal Place of Business 21 6070 Wolf St Suite, Apt. #, etc.		2a. Mailing Address 25 6070 Wolf St Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/13/1997	
22 City & State 23 PALM BEACH GARDENS, FL 24 Zip 33418		27 City & State 28 PALM BEACH GARDENS, FL 29 Zip 33418		4. FEI Number 65-0773820 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
25 Palm Beach		30 Palm Beach		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIRANDA, LORI E		1.2 NAME		
STREET ADDRESS	6070 WOLF STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 33418		1.4 CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELLIS, STEPHEN H		2.2 NAME		
STREET ADDRESS	6070 WOLF STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 33418		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TIRRELL, DIANE		3.2 NAME		
STREET ADDRESS	6070 WOLF STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 33418		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: STEPHEN H. ELLIS 1/10/98 561-775-9376					

CR2E037 (10/97)