


FILE NOW: FILING FEE IS \$61.25

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

05-08-1999 90055 010 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000007152

1. Corporation Name

NEW HEIGHTS UNLIMITED, INC.

Principal Place of Business
836 SADDLEWOOD BOULEVARD
LAKELAND FL 33808

Mailing Address
836 SADDLEWOOD BOULEVARD
LAKELAND FL 33808



2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	01/01/1998
22 City & State		27 City & State	4. FEI Number
23 Zip		28 Zip	59-3484490
24 Country		29 Country	30 Applied For
			Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name **Harvey Miller**
82 Street Address (P.O. Box Number is Not Acceptable)
836 Saddlewood Blvd
83
84 City **Lakeland** FL 85 Zip Code **33809**

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

Harvey Miller

(NOTE: Registered Agent signature required when reinstating)

5-1-99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, DAVID A	1.2 NAME	
STREET ADDRESS	836 SADDLEWOOD BOULEVARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33808	1.4 CITY-ST-ZIP	
TITLE	SVD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, HARVEY J	2.2 NAME	
STREET ADDRESS	836 SADDLEWOOD BOULEVARD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33808	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, SHIRLEY	3.2 NAME	
STREET ADDRESS	836 SADDLEWOOD BOULEVARD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33808	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, with all other like empowered.

SIGNATURE:

Harvey Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-99

Date

941-815-7646

Daytime Phone #

CR2E037 (11/98)