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

29

**PROFIT** CORPORATION ANNUAL REPORT

1998

Zip

24



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000015765 (8)

Country

9. Name and Address of Current Registered Agent

25

PANAMA CITY BEACH FL 32408

HEATH, JAMES W 8025 BEACH DR.

HIGHFLIGHT PARASAIL, INC.

Principal Place of Business	Mailing Address		20.00
8025 BEACH DR. PANAMA CITY BEACH FL 32408	8025 BEACH DR. PANAMA CITY BEACH FL 32408	DO NOT WRITE IN THIS SPACE	
		<ol> <li>Date Incorporated or Qualified 02/24/1994</li> </ol>	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3234815	Not Applica
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be

84 City Zip Code 85 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.

Country

81 Name

82

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SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE HEATH, JAMES A. 1.2 NAME NAME 8025 S. BEACH DRIVE STREET ADDRESS 1,3 STREET ADDRESS PANAMA CITY BEACH FL City-St-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 41 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE \_\_\_ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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

omes W. Heath

1-23-98 850 23328 48

**FILED** 

Jan 29 1998 8:00am

Secretary of State

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

Street Address (P.O. Box Number is Not Acceptable)

10. Name and Address of New Registered Agent

Applied For Not Applicable

Fee Required \$5.00 May Be Added to Fees

□ No

Yes