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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P94000023427 (5)

HIGH RIDGE MANAGEMENT CORP.

## **FILED** Jan 21 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address	i					
1200 N. 35		1200 N. 35TH AVE.	;		(			
HOLLYWOO	DD FL 33021-5413	HOLLYWOOD FL 33021-5	<b>1</b> 13		DO NOT WRITE I	N THIS SPA	CE	
ĺ					3. Date Incorporated or Qualified	11110 017		
					03/25/1994	1.		
2 Principal F	Place of Business	2a. Mailing Address	+		4. FEI Number	<del>-</del> -		applied For
21	1000 01 2004,000	26	j		65-0499321			lot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.						Additional
22		27	1		5. Certificate of Status Desired	□ <b>'</b>		Sequired
City & Sta	le	City & State			6. Election Campaign Financing	+		May Be
23		28	*		Trust Fund Contribution	П		I to Fees
Zip	Country	Zip	Count	try	8. This corporation owes or has paid	the curren		
24	25	29 3		•	Personal Property Tax due June 3	_		∏ No
	9. Name and Address of Current				10. Name and Address of New Reg		nt	
ŀ	IULL. J. MILFRED ESQUIRE		8	1 Name				,
2 HERITAGE WAY					441 (50.5 )	<del></del>		
SEWALL'S POINT FL 34996				2 Street	Address (P.O. Box Number is Not Acceptable	<del>}</del> )		
,	CHALL O POINT I L 34330		8	3				
		-	. L		<u> </u>			
			. 8	4 City		FL	5 Zip	Code
11 Purcuant	to the provisions of Scotlant 607 0503	and 607 1509 Florida Statutos	the abo	we-perced	corporation submits this statement for the nu	mose of ch	anging	ite registeres
office or	registered agent, or both, in the State	of Florida. Such change was aut	horized I	by the corp	corporation submits this statement for the pu poration's board of directors. I hereby accept	the appoint	ment as	registered
agent la	ım familiar with, and accept the obliga	tions of, Section 607.0505, Florid	da Statut	es.				
SIGNATURE								
12.	Signature, typed or printed name of registered ager OFFICERS AND		13.	gent signature	required when reinstating) , ADDITIONS/CHANGES TO OFFICE	DATE DIS	PECTO	DS IN 12
TITLE	PTD	DELETE	1,7 TITLE		ADDITIONO/OF ANGES TO GET TOE		Change	Addition
NAME	KALLEN, HERBERT		1.2 NAM	1		. –	onungo	, 100(00)
	415 ALEXANDER PALM ROA	n				4		
STREET ADDRESS		D .		et address				
CITY - ST - ZIP	BOCA RATON FL 33432	☐ DELETE	1,4 CITY			<del></del>	Change	Addition
TITLE	SD	[ ] DETEIS	2.1 TITLE				Charge	Magnion
NAME	KALLEN, LEONORE	_	2.2 NAM	- i				
STREET ADDRESS	415 ALEXANDER PALM ROA	D	2,3 STRE	ET ADDRESS				
CITY - ST - ZIP	BOCA RATON FL 33432		2, 4 CITY			<del></del>		
TITLE	VPD	☐ DELETE	3.1 TITLE			ال ا	Change	Addition
NAME	KALLEN-ZURY, KAREN		3.2 NAME	E ]		!		
STREET ADDRESS	2840 N.E. 37TH COURT		3.3 STRE	ET ADDRESS		1		
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		3.4. CITY	-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAM	E				
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY	-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME	: 1		1		
STREET ADDRESS			5.3 STRFI	ET ADDRESS		1	-	
CITY-ST-ZIP			5.4 CITY-	·				=
TITLE	· <u>-</u>	DELETE	6.1 TITLE			<del></del>	Change	☐ Addition
NAME			6.2 NAME	i				
•		'						
STREET ADORESS		İ		ET ADDRESS	· · ·			
CITY-ST-ZIP	and the that the intermedian array of the	h this filling door set such filling	6.4 CITY	SI-ZIP	d in Section 149 07/2VD Florida Statutes 14:	ethor coeff.	that the	information
indicated	enny mai me improation supplied wit on this angual report or suppliemental	n uns ming does not quality for to applical report is true and accura	ne exem ite and ti	puon state hat my sior	d in Section 119.07(3)(i), Florida Statutes. I fundature shall have the same legal effect as if m	raier ceruly rade under	ाका गांध oath: th	at I am an

SIGNATURE: