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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Sucretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000059994 (1)

FILED Apr 07 1998 8:00am Secretary of State

HIGH M	iark development groui	P, INC.			
Principal Place	of Business	Mailing Address			#1110 10110 E811# DITO #181 [08]
2792 COUNTRY WAY CLEARWATER FL 34623 CLEARWATER FL 34623				DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualified	
				08/12/1994	
2. Principal Pl	ace of Businoss VIRCINIA 5±	2a. Mailing Address 26 1430 VIR	tivia St	4, FEI Number	Applied For
Suite, Apt		26 14 30 V)K(FITTIN 8 L		Not Applicable \$8.75 Additional
22	,, (10	27		5. Certificate of Status Desired	Fee Required
City & State	edin, FL	City & State 28 DVW # dir	v FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 34b	90 25 PINELIAS	h	PINELLA	8. This corporation owes or has paid the Personal Property Tax due June 30.	Yes No
	g. Name and Address of Current I	Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
	RDNER, JOHN C				
				ddress (P.O. Box Number is Not Acceptable)	
SUITE 1000 CLEARWATER FL 34616			83		
OLL	AINAILI L STOID		84 City		85 Zip Code
			111	F	- '
11. Pursuant t	o the provisions of Sections 607 0502	and 607,1508, Florida Statutes	s, the above-named c	corporation submits this statement for the purpos oration's board of directors. I hereby accept the	e of changing its registered
agent. I a	n himiliar with, and eccept hig obligation	of, Section 607.0505, Flori	da Statutes.		1. 1 .
SIGNATURE	Signature, typed or printing function of respectively agreem	AND LOS (NOTE	Registered Agent signature re	acuired when reinstaling.	798
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TOTLE		Change
NAME	STRONG, ANDY		1.2 NAME	2117 ANDR-EWS DUN-EDIN, FL	CE
STREET ADDRESS	2285 CUMBERLAND CIR 903		1.3 STREET ADDRESS	17.12.0 ALO EV	34498
CITY-ST-ZIP TITLE	CLEARWATER FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	DUNE CITIE, FE	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-\$1-ZIP			2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		·
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			. 5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DESERT	5.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME CERSON ADDRESS			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		i
CITY-ST-ZIP	ertify that the information supplied with	this filipo does not qualify for	the exemption stated	in Section 119.07(3)(i), Florida Statutes, I furthe	r certify that the information

1. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Soction 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this arrival report or supplicational report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 or an article my name address.

SIGNATURE:

tions

2-6-98 (813) 735-6104