

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000072119 (8)

1. Corporation Name

S.P. HIGHLIGHT CORPORATION

Principal Place of Business

14155 W. COLONIAL DR.
WINTER GARDEN FL 34787

Mailing Address

14155 W. COLONIAL DR.
WINTER GARDEN FL 34787

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1994

4. FEI Number

59-3270804

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☒ No

2. Principal Place of Business

21 5850 LAKEHURST DR

Suite, Apt. #, etc.

22 SUITE 150-22

City & State

23 ORLANDO FLORIDA

Zip

24 32819

Country

25 ORANGE

2a. Mailing Address

26 5850 LAKEHURST DR

Suite, Apt. #, etc.

27 SUITE 150-22

City & State

28 ORLANDO FLORIDA

Zip

29 32819

Country

30 ORANGE

9. Name and Address of Current Registered Agent

FRAY, PAULO
14155 W. COLONIAL DR.
WINTER GARDEN FL 34878

10. Name and Address of New Registered Agent

81 Name

FRAY, PAULO

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

5850 LAKEHURST DR

83

SUITE 150-22

84 City

ORLANDO

FL

85 Zip Code

32819

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.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P
FRAY, SILVANA
2035 S. KIRKMAN RD. #111
ORLANDO FL 32811

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP
FRAY, PAULO
2035 S. KIRKMAN RD. #111
ORLANDO FL 32811

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE NAME STREET ADDRESS CITY-ST-ZIP

P
FRAY, SILVANA
1705 CHELTENBOROUGH DR
ORLANDO FL 32835

☒ Change ☐ Addition

21 TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP
FRAY, PAULO
1705 CHELTENBOROUGH DR
ORLANDO FL 32835

☒ Change ☐ Addition

22 TITLE NAME STREET ADDRESS CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or my appointment with an address.

SIGNATURE
PAULO FRAY
VICE PRESIDENT

April 17 / 98 16212557250

CP2E034 (10/97)