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 #

P95000063804 (5)

LICOANLAD INC

FILED May 14 1998 8:00am Secretary of State

HIGHNIAD, INC.			 	8/JEO 1/JE1 18/1/ \$6/1/ 8/6/ 1841
Principal Place of Business	Mailing Address			Diiloo iiloo iooiil seliil qiaa iooji
813 E KALEY ST	813 E KALEY ST			
ORLANDO FL 32606	ORLANDO FL 32806		SO MOT MADITE IN TH	WA 85 4 05
US	US		DO NOT WRITE IN TH 3. Date Incorporated or Qualified	IIS SPACE
			08/16/1995	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3335716	Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27			Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	7(p)	Country	8. This corporation owes or has paid the	
24 25	29 3	0	Personal Property Tax due June 30.	Yes No
9. Name and Address of (Current Registered Agent		10. Name and Address of New Register	ed Agent
SANTOS, LAURA		81 Name /	ama San	101
3001-ALOMA AVENUE		82 Street Addre	ess (B.O. Box Number is Not Acceptable),	()
901TE 102" 9RLANDO FL-32792	•	B3 5	13 Extantel	_3
SHLANDO FENZIBE		- m		
		B4 City	A Circles P	: 85 Zin Cort (16
11. Pursuant to the provisions of Sections 60	07,0502 and 607,1508, Florida Statutes,	the above-named corp	oration submits this statement for the purpos	e of changing its registered
11. Pursuant to the provisions of Sections 66 office or registered agent, or holb; in the agent. I am familiar with, and accept the	eState of Florida Silch change was aut co <u>bligations of</u> Seglion 607.0605, Florid	Morized by the corporati in Statules.	ion's board of directors. I hereby accept the	appointment as registered
SIGNATURE / SIGNATURE	(a) It Trut	28~	41	29190
Signature: typed of printed have all regist	ered agent and see it applies to the INOTE : F	log strod Agent signature require		E /
12. OCTICES	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME SANTOS, LAURA		1.2 NAME		
STREET ADDRESS 8001 ALOMA AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP ORLANDO FL 32792		1.4 CITY - ST - ZIP		
TITLE	DELETE	21 TITLE		☐ Change ☐ Addition C
NAME 813 5. 10	caled / -	2 2 NAME		
STREET ADDRESS	1) C(3) (1)	2.3 STREET ADDRESS	•	
TITLE TITLE	DELETE	2 4 CiTY-ST-ZIP		Change Addition
NAME		3.1 TITLE 3.2 NAME		C Cuange C Audition
STREET ADDRESS		3 3 STREET ADDRESS	•	
CITY-ST-ZIP	i	3.4. 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		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	5.4 CITY-\$1-ZIP		Change Addition
TITLE NAME		6.1 TITLE 6.2 NAME		L Change L Addition
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		
14. I hereby certify that the information supp	lied with this filing does not qualify for t		Section 119.07(3)(i), Florida Statutes. I further	certify that the information

indicated on this annual report or supplicmental 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 regoiver 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 all attachment with an address.