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

P96000014231 (0) DOCUMENT #

HIGH MARK REALTY, INC.

FILED Apr 13 1998 8:00am Secretary of State



										ИИ		
Principal Place of Business Mailing Address							L 10015001 (10 50110 013); OD134 DD111 02		BLOID 131	168 1110	1 1191 1891	
10575 OLD DIXIE HIGHWAY 10575 OLD DIXIE HIGHW												
ST. AUGUSTINE FL 32095			ST. AUGUSTINE FL 32095				DO NOT WRITE IN THIS SPACE					
							3. Date Incorporated or Qualified	IN THIS S	PACE			
							02/14/1996					
2. Principal Place of Business			2a. Mailing Address				4, FEI Number			Applied For		
21			26				59-3373552			Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State			City & State				6. Election Campaign Financing		\$5	.00	viay Be	
23			28				Trust Fund Contribution					
Zip	Country Zip			Coun	itry		8. This corporation owes or has paid the current year Intangible					
24	25	29		30			Personal Property Tax due June 30. Yes No					
g. Name and Address of Current Registered Agent					10. Name and Address of New Ro				egistered Agent			
	ITH HULSEY & BUS WATER STREET	XΕΥ		1	B1	Name						
		82 Street Add			ess (P.O. Box Number is Not Acceptate	ole)	•					
SUITE 1800								·				
JAC	XSONVILLE FL 322	202		1	83							
				- -	84	City			85	Zip C	nde	
					- 1	•		FL		•		
11. Pursuant t office or re agent. I ar	o the provisions of Se egistered agent, or bo in familiar with, and ac	ctions 607.0502 and 6 th, in the State of Flori copt the obligations o	07.1508, Florida Statu da. Such change was f, Section 607.0505, F	utes, the abo authorized lorida Statu	ove- by ites	-named corporation	oration submits this statement for the pon's board of directors. I hereby accept	ourpose of ot the app	chang pintme	ing its nt as r	registered egistered	
SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable (NOTE						niuper erutangia tr	ed when reinstating)	DATE				
12.	PO	OFFICERS AND DIREC		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND				
TITLE	KALB, CHARLES	ш	☐ DELETE	1.1 TITL					☐ Cha	inge	☐ Addition	
NAME	RT. 7 BOX 541 B			1.2 NA	ΑE							
STREET ADDRESS).		1.3 STR	EET #	Adoress						
CITY-ST-ZIP	LAKE CITY FL			1.4 C(T)		- ZIP						
TITLE	VPST				2.1 TITLE				☐ Cha	ange	☐ Addition	
NAME	HART, JOHN BR			2.2 NAM	ИE							
STREET ADDRESS	10575 OLD DIXUE			2.3 STR	EET A	address						
CITY-ST-ZIP ST. AUGUSTINE FL.						T-ZIP						
TITLE			☐ DELETE	3.1 TITL	.E				Cha	inge	☐ Addition	
NAME				. 3.2 NAM	ΜE							
STREET ADDRESS				3.3 STR	EET A	ADDRESS						
CITY-ST-ZIP				3.4. CIT	Y - \$1	T-ZIP	<u> </u>					
TITLE			DELÉTE	4.1 TITL	.E				Cha	ange	Addition	
HAME				4. 2 NA	ME							
STREET ADDRESS				4.3 STR	EET A	ADDRESS						
CFTY - ST - ZIP				4.4 CIT	Y-ST	- ZIP						
TITLE			DELETE	5.1 TITL	.E				Cha	inge	Addition	
NAME				5.2 NAM	ИE							
STREET ADDRESS				5.3 STR	EET A	ADDRESS						
CITY-ST-ZIP				5.4 CIT							j	
TITLE			☐ DELETE	6.1 TITL	_				☐ Cha	элде	Addition	
NAME				6.2 NA	ME	}						
STREET ADDRESS						ADDRESS					-	
0/D/ 07 70					U 07	ł					1	

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 13 if changed, or on an attachment with an address.

SIGNATURE: