

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

FILED
Jan 28 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 # **P96000031444 (8)**

1. Corporation Name

HIGH DUNE INDUSTRIES, INC.



Principal Place of Business

**569 205 ARBAR CLUB WAY
BOCA RATON FL 33433
US**

Mailing Address

**569 205 ARBAR CLUB WAY
BOCA RATON FL 33433
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1996

4. FEI Number

65-0659667

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 **7920 La Mirada Dr.**

Suite, Apt. #, etc.

22 City & State
Boca Raton, FL

24 Zip
33433

25 Country
USA

2a. Mailing Address
26 **7920 La Mirada Dr.**

Suite, Apt. #, etc.

27 City & State
Boca Raton, FL

29 Zip
33433

30 Country
USA

9. Name and Address of Current Registered Agent

**SCHWARTZ, STEPHEN
1845 PALM COVE BLDG. 8
SUITE 308
DELRAY BEACH FL 33445**

10. Name and Address of New Registered Agent

81 Name **Stephen Schwartz**
82 Street Address (P.O. Box Number is Not Acceptable)
7920 La Mirada Drive
83
84 City **Boca Raton** FL 85 Zip Code **33433**

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 is authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the provisions of, Section 607.0502, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D SCHWARTZ, STEPHEN**
STREET ADDRESS **1845 PALM COVE, BLDG. 8, SUITE 308**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **Stephen Schwartz**
1.3 STREET ADDRESS **7920 La Mirada Drive**
1.4 CITY-ST-ZIP **Boca Raton FL 33433**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE

CR2E034 (10/97)