1. Corporation Name



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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90165 012 ***150.00

HIGH ALI	PINE, INC.				
Principal Place	of Business	Mailing Address		T INDIANDS OF SUSTAIN WHILE GRASS MASS CONTRACT	
1506 BLACK BEAR COURT 1506 BLACK BEAR COURT					
WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708				50 MOT MIDITE 7:	HC CDACE
	•			DO NOT WRITE IN TH	115 SPACE
				3. Date Incorporated or Qualifed	
		Low Mailine Address		06/28/1996 4. FEI Number	Applied For
<u> </u>	lace of Business	2a. Mailing Address		59-3386498	Not Applicable
Suite, Apt.	# 212	26 Suite, Apt. #, etc.			\$8.75 Additional
⊢ ''	m, 6tc.	27		5. Certifcate of Status Desired	Fee Required
City & State	8	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	*1. 25	29 30		Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent
751/	0.05		81 Name		
1	G, RE		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
1506 BLACK BEAR CT WINTER SPRINGS FL 32708			00	500	·
MAIN!	IER SPRINGS PL 32700		83		
			84 City		85 Zip Code
	607.050	and 607 1509. Elorida Statutos	the above-named corn	aration submits this statement for the purpose	of changing its registered
	egistered agent, or both, in the State of marginary with, and accept the obligat	at Florida. Silich chande was allini	inzen ov ine corboraul	on's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE				d when reinstating) DATE	
12.	Signature, typed or printed name of registered agent		natered Agent signature require	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	□ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ZENG, SUZANNE		1.2 NAME		i
STREET ADDRESS	1506 BLACK BEAR COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL 32708		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ZENG, ROBERT		2.2 NAME		
STREET ADDRESS	1506 BLACK BEAR COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL 32708		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS		7	3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE		Ci cuange Ci Addition
NAME			5.2 NAME		
STREET ADDRESS	1	-	5 3 STREET ALVIDESS		1
		-	5.3 STREET ADDRESS		
CITY-ST-ZIP		- □ DELETE	5.4 CITY-ST-ZIP		☐ Change ☐ Addition
		_ DELETE			Change Addition

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Daytime Phone #