			rt (UBR)	FILED	
DOCUMENT # P 9600095106 1. Entity Name The HIGHTOWER GROUP, INC.				May 04, 2000 8:00 am	
		, 0x00p, 4		Secretary of State 05-04-2000 90021 038 ***150.00	
Principal Plac	e of Business	Mailing Address	/	03-04-2000 90021 038 130.00	
3810	Pendlebury Drive	3810 P	endle bug y D Arbore, FL.		
	HArbor, Fl. 34685	Palm H	Arbore, FL. 34685		
	Place of Business	3. Mailing Address		950334	
38/0 P Suite, Apt.	endlebury DRive. #, etc.	3810 Pendlebur Suite, Apt. #, etc.	y DRIVE	DO NOT WRITE IN THIS SPACE	
City & Stat		City & State		4. FEI Number Applied For	
Palm _{Zip}	Harbor Fl.	PAIM HARba	Country	65-069869/ Not Applicable 5 Contification of Statum Desired \$8.75 Additional	
34685		34685	····	5. Certificate of status Desired Eee Required	
	6. Name and Address of Current R	egistered Agent	Name	7. Name and Address of New Registered Agent	
Ĥ,	GHTOWER, DIANA			CHTOWER Dinna L ress (P.O. Box Number is Not Acceptable)	
3	810 Pendlebury DR	ive	381	10 Pendlebury DRIVE	
P,	alm HARbor, FL.	34685	City Q	10 Pendlebury DRIVE Im Harbor FL Zip Code 34685	
• The should		the ourpose of changing its re-		gistered agent, or both, in the State of Florida.	
SIGNATURE			·		
	Signature, typed or printed name of registered agent an	1 Brown Constant Constant and a set of	legistered Agent signature re	equired when reinstating) DATE	
Tax filing r	pration is eligible to satisfy its Intangible equirement and elects to do so. ria on back)	FILE NOW!!! After MAY 1, 2000 Make Check Payable	·····································	f State	
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	PO HIGH TOWER, DiANA L. 3810 Pendle bury, DAI PAIM HArbor, FI.	Delete 34685	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition	
TITLE	VPD	Delete	THTLE	Change 🗌 Addition	
NAME STREET ADDRESS	OAERR, Robert 3810 Pendlebury, D. Palm Harboe, FI.	RINE T	NAME STREET ADDRESS CITY - ST - ZIP		
CITY-ST-ZIP	PAIM HArbor Fl.	<u> </u>	TITLE	Change Addition	
NAME STREET ADDRESS CITY - ST - ZIP	· -		NAME STREET ADDRESS CITY-ST-ZIP		
TITLE		Delete	TITLE .	Change Addition	
NAME			NAME	· · · ·	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		Delete	TITLE	Change Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TATLE			TITLE	Change 🗌 Addition	
NAME		2000) NAME		
STREET ADDRESS City-st-zip		ii	STREET ADDRESS CITY-ST-ZIP		
indicated of the cor	on this report or supplemental report is t poration or the receiver or trustee empoy	rue and accurate and that my rered to execute this report as	signature shall have	in Section 119.07(3)(i). Florida Statutes, I further certify that the information e the same legal effect as if made under oath; that I am an officer or director er 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if	
changed,	or on an attachment with an address, wi	1 - High Han	AS .	4/20/00	
JUDIAN	SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING OFFICER OR	DIRECTOR	Date Daytime Phone #	