

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

FILED

May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000016638 (3)

1. Corporation Name
AIM HIGH PRODUCTIONS, INC.

Principal Place of Business 101 INDIGO COVE PLACE MELBOURNE BEACH FL 32951	Mailing Address 101 INDIGO COVE PLACE MELBOURNE BEACH FL 32951
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8802 N. US Hwy 1 Suite, Apt. #, etc. 22 Suite 9 City & State 23 Wabasso, FL Zip 24 32970		2a. Mailing Address 26 P.O. Box 69 Suite, Apt. #, etc. 27 City & State 28 Wabasso, FL Zip 29 32970		3. Date Incorporated or Qualified 02/18/1997	
Country 25 USA		Country 30 USA		4. FEI Number 59-3428686	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent EVANS, RALPH L 3355 OCEAN DRIVE VERO BEACH FL 32963				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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 was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	President, CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARSONS, JEFF			1.2 NAME	Parsons, Jeff S.		
STREET ADDRESS	101 INDIGO COVE PLACE			1.3 STREET ADDRESS	101 Indigo Cove Place		
CITY-ST-ZIP	MELBOURNE BEACH FL 32951			1.4 CITY-ST-ZIP	Melbourne, Beach, FL 32951		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	Secretary, Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				2.2 NAME	Gates, Kathlyn G.		
STREET ADDRESS				2.3 STREET ADDRESS	1297 SE McFarlane Avenue		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	Port St. Lucie, FL 34952		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: Kathlyn G. Gates 4-19-98 5/15/98/0701

CR2E034 (10/97)