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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700030814

HIGHLANDER SOUTHERN CORPORATION

Principal Place	e of Business	Mailing Address				
6809 \$ ORANGE AVE		6809 S ORANGE AVE			•	
ORLANDO FL 3	2809	ORLANDO FL 32809			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	$\neg$
					04/04/1997	ĺ
2. Principal PI	ace of Business	2a, Mailing Address	<del></del>		4. FEI Number Applied For	
21		26			59-3440176 Not Applicate	ble
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional	1
22		. 27			5. Certificate 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	•	This corporation owes the current year Intangible     Personal Property Tax.  No	
24	25	29 30	Ц		Personal Property Tax. Yes LINo  10. Name and Address of New Registered Agent	_
	g. Name and Address of Currer	nt Registered Agent	81	Name		
HOC	TOR, JAMES J					
	N EOLA DR		82	Street #	t Address (P.O. Box Number is Not Acceptable)	
_	ANDO FL 32801		83			
			84	City	FL 85 Zip Code	
	Signature, typed or printed name of registered age	ent and title if applicable (NOTE: Re	gistered Age	nt signature re	required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_
12. ππ.ε	D OFFICERS AI	DELETE	1.1 TITLE		D Change Add	
NAME	BRODIE, ANDREW E		1.2 NAME	j	Brodie, Andrew E.	
STREET ADDRESS	657 DUNRAVEN DR			T ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792		1.4 CITY-5	1	orlando, FL 32802	ļ
TITLE	7747127772	☐ DELETE	2.1 TITLE	· -··.	Change Addi	lition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREE	T ADDRESS	;	
CITY-ST-ZIP			·2. 4 CiTY-	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Add	dition
NAME			3.2 NAME	-		
STREET ADDRESS			3.3 STREE	T ADDRESS	<b>3</b>	
CITY-\$T-ZIP			3.4. CITY-	ST-ZIP		CC
TITLE		☐ DELETE	4.1 TITLE	{	☐ Change ☐ Add	пол
NAME			4. 2 NAME			
STREET ADDRESS				T ADDRESS	\$	
CITY-ST-ZIP		☐ DELETE	4.4 CITY- S 5.1 TITLE	T-ZIP	☐ Change ☐ Addi	dition
TITLE		□ DELC1€	5.1 IIILE		C Orlange C Freeze	
NAME OTRECT APPRISON				T ADDRESS	3	
STREET ADDRESS			5.4 CITY-S	i		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		Change Addi	dition
			6.2 NAME			!

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.

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

Andrew E. Brudie 5/4/99 (407) 859-0740

CR2E034 (11/98)

= ::

**FILED** 

May 10, 1999 8:00 am Secretary of State

05-10-1999 90080 041 \*\*\*150.00