

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90136 027 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000049009

1. Corporation Name
HIGHTOP CONSULTING, INC.

Principal Place of Business 15463 DURNFORD DRIVE MIAMI LAKES FL 33014	Mailing Address 15463 DURNFORD DRIVE MIAMI LAKES FL 33014
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 18480 NW 23RD PL	2a. Mailing Address 26 18480 NW 23RD PL
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Hollywood FL	28 City & State Hollywood, FL
24 Zip 33029	29 Zip 33029
25 Country B.	30 Country

3. Date Incorporated or Qualified 06/02/1997	4. FEI Number 65-0760684	Applied For <input type="checkbox"/> 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

ROBLES, JAVIER
 15463 DURNFORD DR
 MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name Robles, Javier
82 Street Address (P.O. Box Number is Not Acceptable) 18480 NW 23RD PL
83
84 City Hollywood
85 Zip Code FL 33029

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME ROBLES, JAVIER	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 15463 DURNFORD DRIVE	CITY-ST-ZIP MIAMI LAKES FL 33014	1.2 NAME ROBLES, JAVIER	
		1.3 STREET ADDRESS 18480 NW 23RD PL	
		1.4 CITY-ST-ZIP Hollywood, FL 33029	
TITLE VD	NAME SEARA, RICK	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13759 SW 145 TERRACE	CITY-ST-ZIP MIAMI FL 33186	2.2 NAME SEARA RICK	
		2.3 STREET ADDRESS 10211 SW 102 TERR	
		2.4 CITY-ST-ZIP MIAMI, FL 33176	
TITLE SD	NAME ROBLES, JOANNA	3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 15463 DURNFORD DRIVE	CITY-ST-ZIP MIAMI LAKES FL 33014	3.2 NAME ROBLES, JOANNA	
		3.3 STREET ADDRESS 18480 NW 23RD PL	
		3.4 CITY-ST-ZIP Hollywood, FL 33029	
TITLE TD	NAME SEARA, MARILYN	4.1 TITLE TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13759 SW 145 TERRACE	CITY-ST-ZIP MIAMI FL 33186	4.2 NAME SEARA, MARILYN	
		4.3 STREET ADDRESS 10211 SW 102 TERR	
		4.4 CITY-ST-ZIP MIAMI, FL 33176	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	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 with all other like empowered.

SIGNATURE: _____ DATE: **4/6/99** DAYTIME PHONE #: **305-279-2708**

CR2E034 (1/98)