## 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** 

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

05-07-1999 90136 027 \*\*\*150.00

DOCUMENT # P9700049009  1. Corporation Name				~	
HIGHTOP CONSULTING, INC.					
0:110		\$4-10 Add			
Principal Place of Business Mailing Address 15463 DURNFORD DRIVE 15463 DURNFORD DRIVE					
MIAMI LAKES F	= =	MIAMI LAKES FL 33014			
				DO NOT WRITE IN	THIS SPACE
				<ol> <li>Date Incorporated or Qualified</li> <li>06/02/1997</li> </ol>	
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 18480	NW 2320-PL	26 18480 NW	2310 PZ_	65-0760684	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	2 1	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip C	Country	Zip	Country	8. This corporation owes the current ye	ar Intangible
24 330	25 3.	29 33029 3		Personal Property Tax.	Yes No
	9. Name and Address of Curren	t Registered Agent	81 Name 1	10. Name and Address of New Registr	ered Agent
ROB	LES, JAVIER	Pobles, Tables			
15463 DURNFORD DR			82   Street A	(daress (P.O. Box Number 1s Not Acceptable)	
15463 DURNFURD DR 15463 DURNF					
			84 City	llywood	FL   85   Zip Code   33424
l office or s	edistered agent or both in the State (	of Florida. Such change was aut	s, the above-named thorized by the corpo	conforation submits this statement for the purporation's board of directors. I hereby accept the a	FL 33629
office or n agent. I a	to the provisions of Sections 607.050: egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was aut	s, the above-named thorized by the corpo		FL 33629
l office or s	edistered agent or both in the State (	of Florida. Such change was aut tions of, Section 607.0505, Florid	s, the above-named thorized by the corpo	ration's board of directors. I hereby accept the a	se of changing its registered appointment as registered
office or n agent. I a	egistered agent, or both, in the State on familiar with, and accept the obligated Signature, typed or printed name of registered agent OFFICERS AN	of Florida. Such change was autitions of, Section 607.0505, Floridation of the section of the se	s, the above-named thorized by the corporate Statutes.  Registered Agent signature re	ration's board of directors. I hereby accept the a quired when reinstating)  ADDITIONS/CHANGES TO OFFICER	se of changing its registered appointment as registered
office or n agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligated Signature, typed or printed name of registered agen OFFICERS AN	of Florida. Such change was autitions of, Section 607.0505, Floridation of the floridatio	Registered Agent signature re  13.  1.1 TITLE	quired when reinstating)  ADDITIONS/CHANGES TO OFFICER	se of changing its registered appointment as registered
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office or nagent. I all SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of familiar with, and accept the obligated Signature, typed or printed name of registered agen OFFICERS AN PD ROBLES, JAVIER 15463 DURNFORD DRIVE MIAMI LAKES FL 33014	of Florida. Such change was autitions of, Section 607.0505, Floridations of the section for the section of the sec	s, the above-named control to the corpo da Statutes.  Registered Agent signature re  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	quired when reinstating)  ADDITIONS/CHANGES TO OFFICER	se of changing its registered appointment as registered  TE RS AND DIRECTORS IN 12  Garange Addition
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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 supplier entity 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 expowered 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 of an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Change

Addition