

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

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Apr 29 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000066068 (2)

1. Corporation Name  
HIGH C'S ENTERPRISES, INC.

Principal Place of Business  
~~3308 E. Atlantic Blvd~~  
~~1400 N. POMPANO BCH BLVD #1007~~  
POMPANO BCH FL 33062

Mailing Address 1850 S. Ocean Blvd  
~~1400 N. POMPANO BCH BLVD #1007~~ #209  
POMPANO BCH FL 33062



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>3308 E. Atlantic Blvd</u> Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 <u>1850 S. Ocean Blvd</u> Suite, Apt. #, etc. 27 <u>209</u> City & State 28 Zip 29		3. Date Incorporated or Qualified <u>07/28/1997</u>	
25		30		4. FEI Number <u>65-0777798</u> Applied For Not Applicable	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent TURK, HAROLD J 1428 BRICKELL AVE MAIN FL MIAMI FL 33131				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 title 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, WILLIAM J	1.2 NAME	
STREET ADDRESS	<del>133 N. POMPANO BCH BLVD #1007</del>	1.3 STREET ADDRESS	<u>1850 S. Ocean Blvd #209</u>
CITY-ST-ZIP	POMPANO BCH FL 33062	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, CAROLYN	2.2 NAME	
STREET ADDRESS	<del>133 N. POMPANO BCH BLVD #1007</del>	2.3 STREET ADDRESS	<u>1850 S. Ocean Blvd #209</u>
CITY-ST-ZIP	POMPANO BCH FL 33062	2.4 CITY-ST-ZIP	
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: Carolyn Collins - Carolyn Collins 4-8-98 954-784-5150

CR2E034 (10/97)