May 06, 1999 8:00 am Secretary of State

05-06-1999 90105 025 ***150.00

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 # P9700069857

1. Corporation Name

HIGHTOWER PURCHASING, INC.

·							
Principal Place of Business		Mailing Address					
SAFETY HARBOR FL 34695 SUITE 510-186 CLEARWATER FL 33761		2519 MCMULLEN BOOTH R	2519 MCMULLEN BOOTH RD				
					DO NOT WRITE IN THIS SPACE	_	
		U\$				3. Date Incorporated or Qualifed 08/12/1997	╛
2. Principal Place of Business 2a. Maili		2a. Mailing Address	iling Address			4. FEI Number Applied For	
21		26				59-3090916-3462070 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional	
22		27			5. Certifcate of Status Desired Fee Required	_[
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	٦	
23		28			Trust Fund Contribution Added to Fees	-	
Zip			Соил	Country		8. This corporation owes the current year Intangible	٦
24	25			•		Personal Property Tax.	
241	9. Name and Address of Curre		T			10. Name and Address of New Registered Agent	ヿ
				81	Name		٦
BER	BERICH, MARCIA L						4
2519 MCMULLEN BOOTH RD			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	Į	
SUITE 510-186			ļ.,				\dashv
CLEARWATER FL 33761			[]	83			
OLE	ARMAIER FE 33701		į.	84	City	85 Zip Code	7
					·	FL.	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the obliga-	e of Florida. Such change was at ations of, Section 607.0505, Flor	ithorized ida Statul	by 1 les.	the corporation	oration submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered	
	Signature, typed or printed name of registered age			gent	t signature required		4
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\perp
TITLE	P	☐ DELETE	1.1 TITU	Æ	Ì	☐ Change ☐ Addition	n
NAME	BERBERICH, MARCIA L.		1.2 NAM	Æ			
STREET ADDRESS	26 HICKORY LANE		1.3 STR	EET	ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL 34695		1.4 CITY	r-st	-ZIP		_
TITLE	VP	☐ DELETE	2.1 TITL	E.		☐ Change ☐ Addition	m
NAME	BERBERICH, KARL H.		2.2 NAN	Æ			
STREET ADDRESS	A DIRECTOR OF A DATE		2.3 STR	2.3 STREET ADDRESS			- {
CITY-ST-ZIP	SAFETY HARBOR FL 34695			2.4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITL		-	☐ Change ☐ Addition	'n
NAME		_	3.2 NAN		Ì		
					ADDRESS		ļ
STREET ADDRESS			1		i		
CITY-ST-ZIP				1-51	T-ZIP		
TITLE	1	T DELETE	_			□ Change □ Additit	$\frac{1}{n}$
NAME	1	☐ DELETE	4.1 T(T)	.E	}	☐ Change ☐ Addition	'n
STREET ADDRESS		☐ DELETE	4.1 TiTL 4. 2 NAI	.E ME		☐ Change ☐ Addition	пк
		☐ DELETE	4.1 TITL 4. 2 NAI 4.3 STR	.E ME REET	ADDRESS	☐ Change ☐ Addition	nc
CITY-ST-ZIP			4.1 Titl. 4. 2 NAI 4.3 STR 4.4 CIT	E ME REET Y-ST	1		
CITY-ST-ZIP		☐ DELETE	4.1 T/TL 4. 2 NA/ 4.3 STR 4.4 C/TY 5.1 T/TL	.E. ME REET Y-ST .E.	1	☐ Change ☐ Addition	
			4.1 Titl. 4. 2 NAI 4.3 STR 4.4 CIT	.E. ME REET Y-ST .E.	1		
ΠΤΕ			4.1 T/TL 4.2 NA/ 4.3 STR 4.4 C/TC 5.1 T/TL 5.2 NAA	E ME REET Y-ST E	1		
TITLE NAME			4.1 T/TL 4.2 NA/ 4.3 STR 4.4 C/TC 5.1 T/TL 5.2 NAA	E ME REET Y-ST E ME	- ZIP ADDRESS	☐ Change ☐ Addition	on
TITLE NAME STREET ADDRESS			4.1 T/TL 4.2 NAI 4.3 STR 4.4 C/T 5.1 T/TL 5.2 NAA 5.3 STR	E ME REET Y-ST E ME REET Y-ST	- ZIP ADDRESS		on
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITL 4.2 NAI 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAA 5.3 STR 5.4 CIT	EEET Y-ST E REET Y-ST E Y-ST E	- ZIP ADDRESS	☐ Change ☐ Addition	on
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	4.1 TITL 4.2 NAI 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAA 5.3 STR 5.4 CIT 6.1 TITL 6.2 NAA	E ME REET Y-ST E REET Y-ST E	- ZIP ADDRESS	☐ Change ☐ Addition	on
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITL 4.2 NAI 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAA 5.3 STR 5.4 CIT 6.1 TITL 6.2 NAA	E REET Y-ST E REET Y-ST E REET F-ST E	ADDRESS -ZIP ADDRESS	☐ Change ☐ Addition	on

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 suppliemental 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 be 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: FED NAME OF SIGNING OFFICER OR DIRECTOR