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 # P98000001720

HI-JACH, INC.

...,

Principal Place of Business

2001 W. VINE STREET

Mailing Address

2001 W. VINE STREET KISSIMMEE FL 34741

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90028 032 ***150.00



KISSIMMEE FL 34741		KISSIMMEE FL 34741		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 12/31/1997		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			59-3483772	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<i>f</i> .		E. Cortificate of Status Desired	\$8.75 / Fee Re	
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	•
Zip	Country	Zip	Count	try	8. This corporation owes the current year Intai	naible	
24	25		10	•	1 1	∐Yes	□No
	9. Name and Address of Curre		<u>., 1</u>		10. Name and Address of New Registered A	gent	
				Name			
GE0	rgi, joseph	_	<u> </u> _		~		
	W VINE STREET	\cup (/ $-$ /		82 Street Address (P.O. Box Number is Not Acceptable)			
	IMMEE FL 34741	,	5	33			
			`	75			
	·		1	34 City	FL		Code
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was aut	horized t	by the corporati	poration submits this statement for the purpose of coon's board of directors. I hereby accept the appoint	hanging its iment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered age	ANOTE: 6	Decistared A	gent signature requin	ed when reinstating) DATE		
12.		ND DIRECTORS	13.	gent agratute require	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 12
TITLE	D	□ DELETE	1.1 TITU	F	ADDITION OF THE STATE OF THE ST	Change	Addition
	GEORGI, JOSEPH A		1.2 NAM		•		
NAME	2001 W. VINE STREET		1	EET ADDRESS			
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C/TY-ST-ZIP	KISSIMMEE FL 34741	☐ DELETE	_	-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change	Addition
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NAME							
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1			2.3 STRI	EET ADDRESS			
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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 attachinent with an address, with all other like empowered.

SIGNATURE

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/