

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000010585

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	HIGHER, INC.								
Principal Place	e of Business	Mailing Address				b indiiindi ert inter ider beter eger ann	estut IIBli	#4181 B (1 4) (i Biar aru i à b i
6844 DATE PALM AVE SO 6844 DATE PALM AVE SO ST PETERSBURG FL 33707						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			ŀ
						02/02/1998		-, , ,	_
<u> </u>	face of Business	2a. Mailing Address				4. FEI Number 54-254			Applicable
21		Suite And Hi etc				37-3760437		8.75 A	
Suite, Apt.	H, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired .		Fee Red	quired
City & State	e	City & State				8. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Соц	ntry		8. This corporation owes the current ye			
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Regist	red Age	mt	
			ĺ	81 N	ame				j
CAVALIE, ALAIN			82 Street Addr			ess (P.O. Box Number is Not Acceptable)			
	DATE PALM AVE SO			-					
51 P	PETERSBURG FL 33707			83					
			į	84 C	ity		FL	5 Zip C	ode
agent. (ar SIGNATURE	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	US SIBIL	Jies.		pration submits this statement for the purpoin's board of directors. I hereby accept the a		,	1
L	Signature, typed or printed risms of registered agent			Agent sign	nature required	d when reinstating) BA		NPECTO	PS IN 12
12.	OFFICERS ANI	D DIRECTORS	13.		nature required	1 when reinstating) DA' ADDITIONS/CHANGES TO OFFICER	S AND		RS IN 12
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I nereby certify that the information supplied with this hang does not qualify for the exemption stated in Section 113.07(3)(i). Fortula 3 statutes. I further certify 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:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR