PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000058312

HEIGHTS ENTERPRISE, INC.

Principal Place of Business

Mailing Address

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90100 021 ***150.00



Principal Placi	e or pusitiess	Mailing Address			-			
1000 MASSACH St. Cloud Fl	IUSETTS AVENUE 34769	1000 MASSACHUSETTS AVENUE ST. GLOUD FL 34769			DO NOT WRITE IN THI	S SPACE		
					<u> </u>			
					3.	3. Date Incorporated or Qualifed		
						06/30/1998		
2. Principal P	lace of Business	2a. Mailing Address		. 00	4.	4. FEI Number		Applied For
21 426	5 DEER RUN RD.	2a. Mailing Address 26 4265 DEETA	LIEUN	<i></i>	⅃ —	59-3519620		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.	5. Certifcate of Status Desired		5 Additional Required
City & Stat	P *	City & State			6.	6. Election Campaign Financing	\$5.0	0 May Be
23 37	CLOUD, FLOHDA	28 ST ·CLOUD,	FL	ORIDA		Trust Fund Contribution	Adde	ed to Fees
Zip	Country		Country		8.	This corporation owes the current year Ir	ntangible	
	772 [25]	29 34772 30				Personal Property Tax.	Yes	□No
	9. Name and Address of Current				10.	0. Name and Address of New Registered	l Agent	
			81	Name		!		
RAS	HID, MOHAMMAD I		_			(D.C. D. Al., there is Alex Assessable)		
-	MASSACHUSETTS AVENUE		82	Street Addre	ess (F	(P.O. Box Number is Not Acceptable)		
	CLOUD FL 34769		83			Restauration of the F		
			84	City			85 Z	ip Code
				1 1		on submits this statement for the purpose of	—	
SIGNATURE	m familiar with, and accept the obligation Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regi	istered Age	nt signature required		n reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A	Chang	
TITLE	D	☐ DELETE	1.1 TITLE 1.2 NAME			i	Jan Olibert	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME	rashid, mohammad i			İ				
STREET ADDRESS	1000 MASSACHUSETTS AVENUE			TADORESS	42	CLOUD, FL. 3477	AD	
CITY-ST-ZIP	ST. CLOUD FL 34769		1.4 CITY-5	ST-ZIP	<u>57</u>	CLOUD, FL. 3477)	- Galasia
TITLE		☐ DELETE	2.1 TITLE				Chang	ge 🔲 Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		<u> </u>		
TITLE		☐ DELETÉ	3.1 TITLE				Chang	ge Addition
NAME			3.2 NAME					
STREET ADDRESS	İ		3.3 STREE	T ADDRESS		1		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Chang	ge
NAME			4. 2 NAME			•		
STREET ADDRESS			4.3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY-9					
TITLE		☐ DELETE	5.1 TITLE				Chang	ge Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
			5.4 CITY-5	ST-ZIP				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE				Chang	ge Addition
TITLE			6.2 NAME					. —
NAME				T ADDDESS				
STREET ADDRESS			0.3 STKEE	TADDRESS		,		

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, with all other like empowered.

SIGNATURE:

MOLAND TOPE OF STORING OFFICER

1. KASHID

126/99 407-957-7006

Daytime Phone #

2E034 (11/98)