

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000085140

Principal Place of Business	Mailing Address
25399 PINSON DRIVE	25399 PINSON DRIVE
BONITA SPRINGS FL 34135	BONITA SPRINGS FL 34135

## **FILED** Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90099 050 \*\*\*150.00

HIGHTE	CH NETWORK SOLU	ITIONS, INC.						
Principal Place	e of Business	Mailing Address				-  1 19011007 118 19100 (017) 60471 00411 99111 0	BYAT INIDA NITAL HAD	) 81811 8811 1881
Principal Place of Business Mailing Address  25399 PINSON DRIVE 25399 PINSON DRIVE BONITA SPRINGS FL 34135 BONITA SPRINGS FL 34135				DO NOT WRITE IN T	HIS SPACE			
						3. Date Incorporated or Qualifed		
						10/02/1998		ļ
2. Principal P	lace of Business	2a. Mailing Address				4 FEI Number	À	pplied For
21		26				59-3531754		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional tequired
City & State	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23	as i	28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year		_
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address	of Current Registered Agent		81 1	Name	10. Name and Address of New Register	ed Agent	
CRIT	'ES, JOHN			<b>°</b> '  '	vanie			
	9 PINSON DRIVE			82 5	Street Addre	iss (P.O. Box Number is Not Acceptable)		
	ITA SPRINGS FL 34135		}	83			<del> </del>	
50.1				33				
			Ī	84 (	City	F	L 85 Zip	Code
* agent. I a	egistered agent, or both, in m familiar with, and accept	the State of Florida, Such change was a the obligations of, Section 607.0505, Flo	итполиес rida Statu	tes.	e corporation	n's board of directors. I hereby accept the ap	pomment as n	edistatad
	Signature, typed or printed name of re			Agent sig	gnature required	when reinstating) OATE		ORS IN 12
12.	OFFI	CERS AND DIRECTORS	13.		gnature required	when reinstating) OATE ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
12. TITLE	OFFI D		1.1 TI	LE	gnature required		AND DIRECT	
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12. TITLE NAME	D CRITES, JOHN	CERS AND DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STF	LE ME REET AD Y+ST-ZI	DRESS		AND DIRECT	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D CRITES, JOHN 25399 PINSON DRIVE BONITA SPRINGS FL C	CERS AND DIRECTORS  DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT	LE ME REET AD Y+ST-ZI LE	DRESS		AND DIRECT	Addition
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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 trusted 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 an attachment with an address, with all other like empowered.

**SIGNATURE:**