FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harrls

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000087588

1. Corporation Name
HIGHWAY YACHT GROUP, INC.
HIDEAWAY

Principal Place of Business

C/O JUPITER LAW CENTER 6390 INDIANTOWN ROAD, SUITE 30 JUPITER FL 33458 Mailing Address

C/O JUPITER LAW CENTER 6390 INDIANTOWN ROAD. SUITE 30 JUPITER FL 33458 FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90208 049 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 City & State City & State 28 Zip Country 24 25 29 30	10/12/1998 4. FEI Number Applied For Not App
26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 Zip Country 20 Zip Country	5. Certificate of Status Desired
Suite, Apt. #, etc. 27 City & State City & State Zip Country Zip Country Country	5. Certificate of Status Desired LA Fee Required
27	Fee Required
City & State City & State 28 Zip Country Zip Country Country	6 Election Campaign Financing \$5.00 May Pa
Zip Country Zip Country	
Zip Country Zip Country	Trust Fund Contribution Added to Fees
	8. This corporation owes the current year Intangible
[25] [29] [30]	Personal Property Tax.
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
81 Name	10. Maile and Addition of the Section of the Sectio
GUMSON, ADAM S	
C/O JUPITER LAW CENTER 82 Street Addre	ess (P.O. Box Number is Not Acceptable)
AAAA INDIAATAWA DAAD AHITE AA	
6390 INDIANTOWN ROAD, SUITE 30	
JUPITER FL 33458	85 Zip Code
. Chy	FL S S S S S S S S S
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpo	oration submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation	on's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required	1 when reinstating) DATE
12. OFFICERS AND DIRECTORS . 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Se	Costing 110 07/3/() Florida Statutes I further certify that the information

6. Thereby certify that the information subgited with this hining does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. Turtlet certify that the information subgited with this hining does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. Turtlet certify that the information indicated on this annual report as in an an another or director of the corporation of the receiver or trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

SIGNATURE

HATURE AND TYPED OR PROVIDED NAME OF SIGNING OFFICER OR DIRECTOR

3/2499

954 - 785 - **7**92

Daytime Phone #