


**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90090 009 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris, Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P98000105161</b> 1. Corporation Name <b>WJSP HAIGHT, INC.</b>					
Principal Place of Business <b>553 PINE LAKE VIEW DRIVE          DAVENPORT FL 33837</b>			Mailing Address <b>553 PINE LAKE VIEW DRIVE          DAVENPORT FL 33837</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <b>12/17/1998</b> 4. FEI Number <b>59-3553105</b>	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		Applied For Not Applicable <b>\$8.75 Additional Fee Required</b> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9. Name and Address of Current Registered Agent <b>HAIGHT, WILLIAM J          553 PINE LAKE VIEW DRIVE          DAVENPORT FL 33837</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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'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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PRESIDENT WILLIAM J HAIGHT 553 PINE LAKE VIEW DR DAVENPORT FL 33837</b>			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PRESIDENT WILLIAM J HAIGHT 553 PINE LAKE VIEW DR DAVENPORT FL 33837</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE			2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE			3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE			4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE			5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE			6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-99

Date

Daytime Phone

CR2E034 (11/98)