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

**PROFIT** CORPORATION ANNUAL REPORT 1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S36578

(0)

Mailing Address

ROCKY MOUNTAIN HIGH, INC.

**FILED** Mar 24 1998 8:00am Secretary of State

A AMATIKKA KAN KEMA AKINA AMARI BANIA MBADI AMEN MEMBU AKANI MINIA SINGI ARAKI MERIK MERIK MERIK

	DO NOT WRITE IN THIS SPACE					
	3. Date Incorporated or Qualified 03/08/1991					
	4. FEI Number	Applied For				
	65-0251853	Not Applicable				

9800 S. OCEAN DR. 108 JENSEN BEACH FL 34957 US			4237 N.E. RIGEL'S COVE WAY JENSEN BEACH FL 34957 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified					
		<b>,</b>					03/08/1991			
2.	Principal Place of Business		Mailing Address			4.	FEI Number	-	Applied For	
21		26					65-0251853		Not Applicable	
22	Suite, Apt. #, etc	27	Suite, Apt. #, etc.			5.	Certificate of Status Desired		5 Additional Required	
23	City & State	28	City & State			6.	Election Campaign Financing Trust Fund Contribution		00 May Be ad to Fees	
4	Zip Country	29	Zip Cox <b>30</b>	untry		8.	This corporation owes or has paid the c Personal Property Tex due June 30.	urrent year Yes	1ntangible ☐ No	
9. Name and Address of Current Registered Agent					***	10. Name and Address of New Registered Agent				
LONDOTTIOM, DAV				81	Name DA	لر	INNO STROW	•		
STUART PL 34994			82	Street Addres	3	O Box Number is Not Accepteble)	Cou	PACUS		
			83	は同と				V		
				84	City		F	85 3	34457	
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.										
SIG	SIGNATURE									
Signature, typed or printed name of rogisterial agent and tille III applicable. (NOTE Registered Ac					nt signature required			ID DIDEOT	000 111 40	
12. OFFICERS AND DIRECTORS 13.					- +	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	UHS IN 12		

agent fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Signature, typed or printed name of registeriid agent and title II a	applicatio (NOTE	Registered Agent signature	e required when reinstating)	DATE	i			
12.	OFFICERS AND DIRECT	ORS	13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTOR	RS IN 12			
TITLE	VSD	DELETE	1.1 TITLE		☐ Change	Addition			
NAME	LUNDSTROM, KATHRYN M		1.2 NAME			:			
STREET ADDRESS	4237 N.E. RIGEL'S COVE WAY		1.3 STREET ADDRESS						
CITY-ST-ZIP	JENSEN BEACH FL		1.4 CITY - ST- ZIP						
TITLE	PTD	DELETE	2.1 TITLE	-	Change	Addition			
NAME	LUNDSTROM, DANIEL J		2.2 NAME						
STREET ADDRESS	4237 N.E. RIGEL'S COVE WAY		2.3 STREET ADDRESS						
CITY-ST-ZIP	JENSEN BEACH FL		2 4 CITY-ST-ZIP			1			
TITLE	48	DELETE	3.1 TITLE	MARK MODNESS 4237 N.G. Riger Jensen Beach,	- C	Addition			
NAME	MARK MOXNESS		3.2 NAME	WALK WORDS	/	انک			
STREET ADDRESS	In the section of the		3.3 STREET ADDRESS	4237 N. G KIJEL	s cour co				
CITY-ST-ZIP			3.4. CITY - ST - ZIP	Jensen Beach,	713455				
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition			
NAME .			4. 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY - ST - ZIP			4.4 CITY - ST - ZIP						
TITLE		DELETE	5.1 TITLE		☐ Change	Addition			
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		DELETE	6.1 TITLE		Change	Addition			
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
CITY PT 7ID			CACITY FT 7ID						

14. Thereby 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 and ual 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 deporation or the receiveror trustee empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if thanged, or on an attachment with an addition.

5/98 561-29-9100