

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 213348 (6)

1. Corporation Name
HIGHLANDS COUNTY LAND & TITLE COMPANY



Principal Place of Business: 1110 U.S. HWY 27 NORTH, P.O. BOX 1044, LAKE PLACID FL 33852
Mailing Address: 1110 U.S. HWY 27 NORTH, P.O. BOX 1044, LAKE PLACID FL 33852

3. Date Incorporated or Qualified: 06/27/1958
3a. Date of Last Report: 02/20/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-0841941
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, M P
1110 U.S. HWY 27 NORTH
LAKE PLACID FL 33852

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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: _____ (Block 12 or Block 13 if changed or on an attachment with an address.)
(Block 12 Registered Agent Signature required when re-registering) (Date)

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MILLER, MITCHEL P.	
STREET ADDRESS	1110 U.S. HWY 27 NORTH	
CITY - ST - ZIP	LAKE PLACID, FL 00000	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	MILLER, FRANCES G.	
STREET ADDRESS	1110 U.S. HWY 27 NORTH	
CITY - ST - ZIP	LAKE PLACID, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, STEPHEN L.	
STREET ADDRESS	2203 US HWY 27 NORTH	
CITY - ST - ZIP	LAKE PLACID, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MILLER, FRANCES G.	
2.3 STREET ADDRESS	1110 U.S. Hwy 27 North	
2.4 CITY - ST - ZIP	Lake Placid, FL 33852	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MILLER, STEPHEN L.	
3.3 STREET ADDRESS	2203 U.S. Hwy 27 North	
3.4 CITY - ST - ZIP	Lake Placid, FL 33852	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SILVERMAN, SAUL	
4.3 STREET ADDRESS	2660 S. Ocean Blvd. Apt. 103	
4.4 CITY - ST - ZIP	North Palm Beach, FL 33480	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEPHEN L. MILLER

Vice Pres. 8/1/96 (941) 465-1234
Date Daytime Phone #

CR2E034 (12/95)