

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

**FILED**  
**Jun 20 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 213348**  
 1. Corporation Name  
**HIGHLANDS COUNTY LAND & TITLE CO.**

Principal Place of Business <b>2203 U.S. 27 NO.                  Lake Placid, Fl                  33852</b>	Mailing Address <b>P.O. BOX 80-0110                  Aventura, Fl 33280-0110</b>
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2. Principal Place of Business <b>21 2203 U.S. 27 NO.</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 P.O. Box 80-0110</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>6-27-58</b>	3a. Date of Last Report <b>3-7-96</b>
22 City & State <b>23 Lake Placid, Fl</b>	27 City & State <b>28 Aventura, Fl</b>	4. FEI Number <b>59-0841941</b>	Applied For Not Applicable
24 33852	25 U.S.A.	29 33280-0110	30 U.S.A.

9. Name and Address of Current Registered Agent  
**MILLER, M.P.  
 1110 U.S. 27 NO.  
 LAKE PLACID, FL 33852**

10. Name and Address of New Registered Agent  
**81 Name SAUL S. SILVERMAN**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**83 2660 So. Ocean Blvd. (Apt. 103N)**  
**84 City PALM BEACH FL 85 Zip Code 33480**

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: *Saul S. Silverman* **SAUL S. SILVERMAN** 4/11/97

12. OFFICERS AND DIRECTORS

TITLE <b>DP</b> <input checked="" type="checkbox"/> DELETE	NAME <b>MILLER, MITCHEL P.</b>
STREET ADDRESS <b>1110 U.S. 27 NO.</b>	CITY-ST-ZIP <b>LAKE PLACID, FL 33852</b>
TITLE <b>VST</b> <input type="checkbox"/> DELETE	NAME <b>MILLER, FRANCES G.</b>
STREET ADDRESS <b>1110 U.S. 27 NO.</b>	CITY-ST-ZIP <b>LAKE PLACID, FL 33852</b>
TITLE <b>VP--MILLER, STEPHEN L.</b> <input type="checkbox"/> DELETE	NAME <b>2203 U.S. 27. NO.</b>
STREET ADDRESS <b>LAKE PLACID, FL. 33852</b>	CITY-ST-ZIP <b>LAKE PLACID, FL. 33852</b>
TITLE <b>D</b> <input type="checkbox"/> DELETE	NAME <b>SILVERMAN, SAUL S.</b>
STREET ADDRESS <b>2660 SO. OCEAN BLVD. APT 103N</b>	CITY-ST-ZIP <b>PALM BEACH, FL 33480</b>
TITLE <input type="checkbox"/> DELETE	NAME <input type="checkbox"/> DELETE
STREET ADDRESS <input type="checkbox"/> DELETE	CITY-ST-ZIP <input type="checkbox"/> DELETE
TITLE <input type="checkbox"/> DELETE	NAME <input type="checkbox"/> DELETE
STREET ADDRESS <input type="checkbox"/> DELETE	CITY-ST-ZIP <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE <b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	12 NAME <b>SILVERMAN, SAUL S.</b>
13 STREET ADDRESS <b>2660 SO. OCEAN BLVD. (APT.103N)</b>	14 CITY-ST-ZIP <b>PALM BEACH, FL 33480</b>
21 TITLE <b>DVP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	22 NAME <b>MILLER, FRANCES G.</b>
23 STREET ADDRESS <b>20191 E. COUNTRY CLUB DR. #1007</b>	24 CITY-ST-ZIP <b>AVENTURA, FL 33180</b>
31 TITLE <b>DVP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	32 NAME <b>MILLER, STEPHEN L.</b>
33 STREET ADDRESS <b>2203 U.S. 27 NO.</b>	34 CITY-ST-ZIP <b>LAKE PLACID, FL 33852</b>
41 TITLE <b>DST</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	42 NAME <b>LORD, MARILYN</b>
43 STREET ADDRESS <b>3600 MYSTIC PT. DR. #406</b>	44 CITY-ST-ZIP <b>AVENTURA, FL 33180</b>
51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	52 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
53 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	54 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	62 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
63 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	64 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

**800002219358**  
**-06/23/97--01031--002**  
**\*\*\*178.75**

14. I do 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.

SIGNATURE: *Saul S. Silverman* **SAUL S. SILVERMAN** 6/11/97 Date **561-588-7769** Daytime Phone #

CR2E034 (9/96)