


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

FILED

**Jan 22 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 213348 (6) 1. Corporation Name HIGHLANDS COUNTY LAND & TITLE COMPANY		



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2203 U.S. 27 NO. LAKE PLACID FL 33852	Mailing Address P.O. BOX 80-0110 AVENTURA FL 33280-0110
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3. Date Incorporated or Qualified 06/27/1958	4. FEI Number 59-0841941	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SILVERMAN, SAUL S 2660 SO. OCEAN BLVD. APT 103N PALM BEACH FL 33480		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, SAUL S	1.2 NAME	
STREET ADDRESS	2660 SO OCEAN BLVD., APT 103N	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL 33480	1.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, FRANCIS G	2.2 NAME	
STREET ADDRESS	20191 E. COUNTRY CLUB DR., #1007	2.3 STREET ADDRESS	
CITY - ST - ZIP	AVENTURA FL 33180	2.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, STEPHEN L.	3.2 NAME	
STREET ADDRESS	2203 US HWY 27 NORTH	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE PLACID FL 33852	3.4 CITY - ST - ZIP	
TITLE	DST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORD, MARILYN	4.2 NAME	
STREET ADDRESS	3600 MYSTIC POINT DR., #406	4.3 STREET ADDRESS	
CITY - ST - ZIP	AVENTURA FL 33180	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Marilyn Lord* **MARILYN LORD SECRETARY** 1-5-98 305-931-1231

CR2E034 (10/97)