## Feb 22, 1999 8:00 am

Secretary of State 02-22-1999 90125 004 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # G80645

1. Corporation Name

FLORIDA HIGHLANDS PROPERTIES, INC.

Mailing Address SUITE 5 SUITE 7 SUITE 5 SUITE 7 SUITE 5 SUITE 7 SUITE 7 SUITE 8 SUITE 7 SUITE 8 SUITE	,					_				
SUITE 5 KEY BISCATNE FL 33149  Za. Mailing Address 2a. Mailing Address 2bile, Apt 4, etc. 2ci	Principal Place of Business Mailing Address							1 (111 (1111) (111	111 <b>9</b> 18(  8 8	71 <b>0</b> 1011 01011 1001
Section   Sect	50 W MASHTA DRIVE 50 W MASHTA DRIVE						1			
2. Principal Place of Business   2a. Mailing Address   25. 641 5. MASHTA DR.   3. Date Incorporated or Qualified   12/13/1983   Applied For   25. 641 5. MASHTA DR.   59-2420809   Not Applicable   Not Applicable		EL 22140					DO NOT WRITE	IN THIS !	SPACE	
2. Principal Place of Business   2a. Mailing Address   2a. Maili	KEY BISCATNE PL 33149 KET BISCATNE PL 33149									
2. Principal Place of Business 2. Addition Address 2. Addition Address 3. Suite, Apt. #, etc. 2. Suite, Apt. #, et							· '			
Sulle, Apt. #, etc.    Sulle, Apt. #, etc.   Sulle, Apt. #, etc.   Sulle, Apt. #, etc.   So.   Certificate of Status Desired   \$8.75 Additional   See Required	2. Principal Pl	ace of Business	2a. Mailing Address		<del></del>					Applied For
Sulle, Apt. #, etc.    Sulle, Apt. #, etc.   Sulle, Apt. #, etc.   Sulle, Apt. #, etc.   So.   Certificate of Status Desired   \$8.75 Additional   See Required	<b>⊢</b>			HTA	DR.		59-2420809			lot Applicable
City & State   City		#, etc.							\$8.75	Additional
Zip   Country   Zip   Country   Zip   Country   Zip   Country   State   Stat	22		27				5. Certificate of Status Desired		Fee F	Required
Zip   Country   Zip   33   49   Sip   DADE   Reprovation owes the current year Intangible   Personal Property Tax.   Yes   No.		3			ر ر	l		п ~		
24			28 Ney 131 SCA			<b>-</b> •				I to Fees
9. Name and Address of Current Registered Agent    Composition   Composi	<b>└</b>	_ ′	32 µa		,	•		-		
LONDON, I. EDWARD 50 W. MASHTA DRIVE SUITE 5 KEY BISCAYNE FL 33149  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, but a familiar with an accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, hyper or prised name of registered agent and that application.  INOTE Registered Agent agent and when reinstating.  DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE DS DAME SALLAGHER III, CHARLES T SIGNATURE SIREETADORESS 50 W. MASHTA DRIVE 12 NAME STREETADORESS 50 W. MASHTA DRIVE 22 NAME 22 NAME 22 STREET ADDRESS 50 W. MASHTA DRIVE 22 NAME 22 STREET ADDRESS 50 W. MASHTA DRIVE 22 NAME 23 STREET ADDRESS 50 W. MASHTA DRIVE 22 NAME 23 STREET ADDRESS 50 W. MASHTA DRIVE 23 STREET ADDRESS 50 W. MASHTA DRIVE 24 AGMIN STREET ADDRESS 50 W. MASHTA DRIVE 24 AGMIN STREET ADDRESS 50 W. MASHTA DRIVE 25 STREET ADDRESS 50 W. MASHTA DRIVE 41 STREET ADDRESS 50 W. MASHTA DRIVE 42 STREET ADDRESS 50 W. MASHTA DRIVE 43 STREET ADDRESS 50 W. MASHTA DRIVE 51 STREET ADDRESS 50 W. MASHTA DRIVE 51 STREET ADDRESS 50 W. MASHTA DRIVE 51 STREET ADDRESS	24			10	DANC	<u> </u>				NO
LONDON, I. EDWARD 50 W. MASHTA DRIVE SUITE 5 KEY BISCAYNE FL 33149  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 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, typed or jurised name of registered agent and title if applicable.  INDEED SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITILE DS NAME GALLAGHER III, CHARLES T 12 NAME STREET ADDRESS 50. W. MASHTA DRIVE LONDON, EDWARD I 22 NAME LONDON, EDWARD I 22 STREET ADDRESS 50. W. MASHTA DRIVE LONDON, EDWARD I 22 NAME LONDON, EDWARD I 22 NAME LONDON, VICTORIA 22 NAME 23 STREET ADDRESS 50. W. MASHTA DRIVE Change Addition LONDON, VICTORIA 23 NAME LONDON, VICTORIA 23 NAME LONDON, VICTORIA 24 NAME 25 NAME 26 NAME 27 NAME 27 NAME 28 NAME 28 NAME 28 NAME 29 NAME 29 NAME 20 Change Addition Addition NAME CITY-ST-ZIP KEY BISCAYNE FL  Change Addition Addition NAME CITY-ST-ZIP KEY BISCAYNE FL  Change Addition Addition NAME CITY-ST-ZIP NAME ADDITIONS/CHANGESS CITY-ST-ZIP Addition Addition Addition ADDITIONS/CHANGESS CITY-ST-ZIP Addition Addition ADDITIONS/CHANGESS CITY-ST-ZIP Addition ADDITIONS/CHANGESS CITY-ST-ZIP Addition ADDITIONS/CHANGESS CITY-ST-ZIP ADDITIONS/CHANGESS CITY-ST-ZIP Addition ADDITIONS/CHANGESS CITY-ST-ZIP Addition ADDITIONS/CHANGESS CITY-ST-ZIP ADDITIONS/CHANGESS CITY-ST-ZIP ADDITIONS/CHANGESS CITY-ST-ZIP ADDI		9. Name and Address of Current		10. Name and Address of New Ke	gistered A	gent				
SO W. MASHTA DRIVE SUITE 5 KEY BISCAYNE FL 33149  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 agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, byped or printed name of registered agent and title of applicable.  (NOTE Registered Agent signature required when reintation)  OATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  DS  GALLAGHER III, CHARLES T  50 W. MASHTA DRIVE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DP  Change  Addition  LONDON, EDWARD I  STREET ADDRESS  CITY-ST-ZIP  TITLE  DT  LONDON, VICTORIA  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  11 TITLE  DELETE  21 TITLE  DELETE  31 TITLE  DELETE  31 TITLE  DELETE  41 TITLE  DELETE  41 TITLE  DELETE  Addition  Change  Addition  Addition  Addition  Addition  Change  Addition  Addition  Addition  Change  Addition  Addition  Addition  Change  Addition  Addition  Addition  Addition  Addition  ANAME  LONDON, VICTORIA  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  41 TITLE  DELETE  41 TITLE  DELETE  ATTILE  DELETE  ATTILE  DELETE  ATTILE  DELETE  ATTILE  DELETE  ATTILE  DELETE  ATTILE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS ADDIT	LONDON, I. FDWARD									
SUITE 5 KEY BISCAYNE FL 33149  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 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 Signature, typed or printed name of registered agent and title if applicable.  INDEE Registered Agent signature required when reinstating) DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE DS GALLAGHER III, CHARLES T STREET ADDRESS GOW. MASHTA DRIVE 1.3 SIREET ADDRESS 50 W. MASHTA DRIVE 1.4 SIREET ADDRESS 50 W. MASHTA DRIVE 1.2 SIREET ADDRESS 50 W. MASHTA DRIVE 1.2 SIREET ADDRESS 50 W. MASHTA DRIVE 1.2 SIREET ADDRESS 50 W. MASHTA DRIVE 1.3 S				1	82 Street	Addre	ss (P.O. Box Number is Not Acceptable	ie)		
KEY BISCAYNE FL 33149  84				h	33					<del></del>
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, 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  Signature, typed or printed name of registered agent and site if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  DS  GALLAGHER III, CHARLES T  12 NAME  STREET ADDRESS  SO W. MASHTA DRIVE  STREET ADDRESS  CITY-ST-ZIP  LONDON, EDWARD I  STREET ADDRESS  CITY-ST-ZIP  LONDON, EDWARD I  STREET ADDRESS  CITY-ST-ZIP  TITLE  DF  DF  DELETE  21 TITLE  DF  Change  Addition  Change  Addition  Change  Addition  Addition  Change  Addition  Addition  Addition  Change  Addition  Addition  Change  Addition  Addition  Addition  Change  Addition  Addition  Addition  Addition  Change  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITTLE  DF  LONDON, EDWARD I  STREET ADDRESS  CITY-ST-ZIP  TITLE  DT  DELETE  31 TITLE  DELETE  31 TITLE  Change  Addition  Change  Addition  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	1					_			-	
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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 and accept the obligations of, Section 607.0505, Florida Statutes.    SIGNATURE	11. Pursuant I	o the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the ab	ove-named	corpo	ration submits this statement for the pr	urpose of c	hanoing i	ts registered
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE	I office or re	egistered agent or both in the State of	if Florida. Such change was aut	horized	by the com	oration	n's board of directors. I hereby accept	the appoint	tmeňt as r	registered
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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)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 color attor of the feceiver or trustee empowered to execute this report as required by Chapter 607, filorida Statutes and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Change

☐ Addition