

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J43294 (4)
 1. Corporation Name
HIGHLAND BEACH REAL ESTATE HOLDINGS, INC.



Principal Place of Business % DAVID B. DICKERSON 980 N. FEDERAL HWY. STE. 410 BOCA RATON FL 33432	Mailing Address % DAVID B. DICKERSON 980 N. FEDERAL HWY. STE. 410 BOCA RATON FL 33432
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DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
11/20/1986

2. Principal Place of Business 21 4612 S. OCEAN BLVD. Suite, Apt. #, etc.	2a. Mailing Address 26 4612 S. OCEAN BLVD. Suite, Apt. #, etc.
22 City & State 23 HIGHLAND BEACH, FL	27 City & State 28 HIGHLAND BEACH, FL
24 Zip 25 33487	29 Zip 30 33487

4. FEI Number
98-0115183 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
DICKENSON, DAVID B.
980 N. FEDERAL HWY
SUITE 410
BOCA RATON FL 33432

10. Name and Address of New Registered Agent
 81 Name **LUCREZIA L. MILANI**
 82 Street Address (P.O. Box Number is Not Acceptable)
4612 S. OCEAN BLVD.
 83
 84 City **HIGHLAND BEACH** FL 85 Zip Code **33487**

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 *L. Milani (Lucrezia Milani)* *L. Milani* DATE **April 17, 1998**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPV	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILANI, LUCIA	1.2 NAME	
STREET ADDRESS	44 UPLANDS AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	THORNHILL, CANADA	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILANI, LUCIA	2.2 NAME	ST LUCREZIA L. MILANI
STREET ADDRESS	44 UPLANDS AVE.	2.3 STREET ADDRESS	4612 S. OCEAN BLVD.
CITY-ST-ZIP	THORNHILL, CANADA	2.4 CITY-ST-ZIP	FL 33487
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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)(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: *L. Milani (Lucrezia Milani)* DATE: **April 17, 1998** 561-272-3303

CR2E034 (10/97)