

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 11 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V13179** (9)

1. Corporation Name
3300 HIGHLANDS INVESTMENT CORP.

Principal Place of Business Mailing Address
1617 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/11/1992** 3a. Date of Last Report **06/24/1994**

4. FEI Number **65-0311454** 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

2. Principal Place of Business 2a. Mailing Address
21 **P.O. Box 33209**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
23 City & State City & State
Palm Beach Gardens, FL
24 Zip Country Zip Country
33420 USA

9. Name and Address of Current Registered Agent

**GRANDJEAN, JEAN-MICHAEL
767 FORESTERIA AVENUE
WELLINGTON FL 33414**

10. Name and Address of New Registered Agent

81 Name **Marian Pearlman Nease**
82 Street Address (P.O. Box Number is Not Acceptable) **5355 Town Center Rd.**
83 **Suite 801**
84 City **Boca Raton** FL 85 Zip Code **33486**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 *Marian Pearlman Nease* DATE **1/13/95**
Signature, typed or printed name of registered agent and their indicator (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROTHPLETZ, ROLAND
STREET ADDRESS	1617 NORTH FLAGLER DRIVE
CITY - ST - ZIP	WEST PALM BEACH FL 33407
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ROTHPLETZ ROLAND
13 STREET ADDRESS	PD Box 33209 N/W
14 CITY - ST - ZIP	PB, FL 33420
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), Florida Statutes. I further certify that the information included 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 member 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 changed, or on an attachment with an addendum.

SIGNATURE: *Rothpletz* DATE **4/6/95**
Signature, typed or printed name of signing officer or director