**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #**

1. Corporation Name  HIGHLAND BEACH REAL ESTATE HOLDINGS, INC.											
Principal Place of Business Mailing Address											
4612 S. OCEAN BLVD HIGHLAND BEACH FL 33487 US  4612 S. OCEAN BLVD HIGHLAND BEACH FL 33487 US							DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  11/20/1986				
2. Principal Pla	ace of Business	2a	, Mailing Address				4. FEI Number				
21		26					98-0115183				
Suite, Apt. #, etc. Suite, Apt. #, etc. 27							5. Certificate of Status Desired   \$8.				
			City & State				6. Election Campaign Financing S5 Trust Fund Contribution Ac				
Zip 24	Country Zip				ntry		8. This corporation owes the current year Intangible Personal Property Tax.				
	9. Name and Address of Cu	rrent Regis	stered Agent				10. Name and Address of New Registered Agent				
MILANI, LUCREZIA L. 4612 S. OCEAN BLVD HIGHLAND BEACH FL 33487					81 82 83	Name Street A	treet Address (P.O. Box Number is Not Acceptable)				
					84	City	FL  85				
Office or re	o the provisions of Sections 607. egistered agent, or both, in the Si n familiar with, and accept the ob	tate of Fiorb	da. Such change was au	inonzeu	UV	une corbo	I corporation submits this statement for the purpose of changi oration's board of directors. I hereby accept the appointment				
SIGNATURE	Signature, typed or printed name of registered	d seed and title	if applicable /NOTE: I	Registered	Agen	t signature re	required when reinstating) DATE				
12.	OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRI				
TITLE	DPV		☐ DELETE	1.1 TI	TLE.		□ Ch				
NAME	MILANI, LUCIA			1.2 NA	ME						
STREET ADDRESS 44 UPLANDS AVE.					REET	ADDRESS					

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90097 035 \*\*\*150.00



Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

☐ Yes

□No

			1					1				
	÷ .		84			FL	85 Zip (					
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	<u> </u>					DATE						
	Signature, typed or printed name of registered agent and title if applic	···	<del></del>	it signature re	equired when reinstating)  ADDITIONS/CHANGES TO		DIRECTO	DS IN 12				
12.	OFFICERS AND DIRECTOR	DELETE	13.	1	ADDITIONS/CHANGES TO	OFFICERS AN	Change	Addition				
TITLE	DPV	□ pereie	1									
AME	MILANI, LUCIA	:	1.2 NAME									
STREET ADDRESS	44 UPLANDS AVE.		1.3 STREET	ADDRESS				.				
CITY-ST-ZIP	THORNHILL, CANADA		1.4 CITY-S	T-ZIP								
TITLE	ST	☐ DELETE	2.1 ππLE				Change	☐ Addition (				
NAME	MILANI, LUCREZIA L.:		2.2 NAME		•			1				
STREET ADDRESS	4612 S. OCEAN BLVD	•	2.3 STREET	ADDRESS				)				
CITY-ST-ZIP	HIGHLAND BEACH FL 33487		2.4 CITY-S	T-ZIP	Table <u> </u>	s ver		**				
TITLE		☐ DELETE	3.1 TITLE				☐ Change	☐ Addition \				
NAME I			3.2 NAME									
STREET ADDRESS			3.3 STREE	ADDRESS				Ì				
CITY-ST-ZIP	·		3.4. CITY-5	T-ZIP				]				
TITLE		DELETE	4.1 TITLE			, <u> </u>	Change	☐ Addition				
NAME			4.2 NAME	l	•			Ţ				
STREET ADDRESS	•		4.3 STREE	ADDRESS								
CITY-ST-ZIP			4.4 CITY-S	T-7IP								
ITTLE		DELETE	5.1 TITLE		<del>,</del>	,	Change	☐ Addition				
NAME	•	_	5.2 NAME					[				
ì	•		5.3 STREET	ADDRESS		,		į				
STREET ADDRESS			5.4 CITY-S	T-ZIP				Ì				
CITY-ST-ZIP		□ DELETE	6.1 T/TLE				Change	Addition				
		_ >====================================	6.2 NAME					_				
NAME				TADDRESS				1				
STREET ADDRESS			6.4 CITY-S					f				
CITY-ST-ZIP	certify that the information supplied with this filing d	lana mat qualify for th			t in Section 119 07/3\(i) Florida Statut	les I further cert	ify that the i	nformation				
14. I hereby o	certify that the information supplied with this filing of	ioes not quality for tr	ie exembr	ioi i statet	i in decircii i rator (a)(i), i ronua atatut							

indicated on this annual report or supplied with this limits does not qualify for the exemption stated in Section 19.00 (5)(f), holida Statutes. Indicate 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 from an attachment with an address, with all other like empowered.

SIGNATURE: