

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

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90226 048 \*\*\*163.75

DOCUMENT # 213348

1. Corporation Name  
HIGHLANDS COUNTY LAND & TITLE COMPANY

Principal Place of Business

~~2200 U.S. 27 RD.~~

~~LAKE PLACID FL 33852~~

P.O. BOX-80-0110  
AVENTURA, FL. 33280-0110

Mailing Address

P.O. BOX 80-0110  
AVENTURA FL 33280-0110

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1958

4. FEI Number

59-0841941

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

SILVERMAN, SAUL S  
2660 SO. OCEAN BLVD.  
APT 103N  
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE DP  
NAME SILVERMAN, SAUL S  
STREET ADDRESS 2660 SO OCEAN BLVD., APT 103N  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE DV ☐ DELETE

NAME MILLER, FRANCIS G  
STREET ADDRESS 20191 E. COUNTRY CLUB DR., #1007  
CITY-ST-ZIP AVENTURA FL 33180

TITLE DV ☐ DELETE

NAME MILLER, STEPHEN L.  
STREET ADDRESS 2203 US HWY 27 NORTH  
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE DST ☐ DELETE

NAME LORD, MARILYN  
STREET ADDRESS 3600 MYSTIC POINT DR., #406  
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED

DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARILYN LORD SECRETARY

3-5-99 305-931-1231

Date

Daytime Phone #

CR2E034 (11/98)