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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 339478

OCALA HIGHLANDS ESTATES INC

Principal Place of Business Mailing Address C/O DANIEL W NALL. CPA. PA C/O DANIEL W NALL. CPA. PA	
The first second of the second	
300 SEVILLA AVE STE #215 300 SEVILLA AVE STE #215 CORAL GABLES FL 33134 CORAL GABLES FL 33134 DO NOT WRITE	TE IN THIS SPACE
US US 3. Date Incorporated or Qualifed 12/31/1968	
Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
26 59-1307785	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	See Required
City & State City & State 6. Election Campaign Financing Trust Fund Contribution	S \$5.00 May Be Added to Fees
Zip Country Zip Country 8. This corporation owes the curr 24 25 29 30 Personal Property Tax.	¥ Yes □ No
9. Name and Address of Current Registered Agent 10. Name and Address of New F	Registered Agent
81 Name	4
KLEIN, RONALD G. 901 NE 125TH STREET 82 Street Address (P.O. Box Number is Not Accepta	able)
NORTH MIAMI FL 33169	•
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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accepagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	purpose of changing its registered pt the appointment as registered
SIGNATURE	DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE FICERS AND DIRECTORS IN 12
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OF	OATE FICERS AND DIRECTORS IN 12 Change Addition
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OF TITLE PD DELETE 1.1 TITLE	FICERS AND DIRECTORS IN 12
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OF TITLE PD KAMLANI, SHAM 1.2 NAME	FICERS AND DIRECTORS IN 12
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS TITLE PD CAMILANI, SHAM STREET ADDRESS 1.2 NAME 1.3 STREET ADDRESS 1.3 STREET ADDRESS	FICERS AND DIRECTORS IN 12
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OF TITLE PD DELETE 1.1 TITLE NAME KAMLANI, SHAM 1.2 NAME STREET ADDRESS 1407 BROADWAY, SUITE #1708 1.3 STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10018 1.4 CITY-ST-ZIP TITLE SD DELETE 2.1 TITLE	FICERS AND DIRECTORS IN 12 Change Addition
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFITTIE NAME KAMLANI, SHAM STREET ADDRESS 1407 BROADWAY, SUITE #1708 CITY-ST-ZIP NEW YORK NY 10018 1.4 CITY-ST-ZIP TITLE NAME KAMLANI, KAVITA 1.2 NAME 1.4 CITY-ST-ZIP 2.2 NAME	FICERS AND DIRECTORS IN 12 Change Addition
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.1 TITLE NAME KAMLANI, SHAM 1.2 NAME STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10018 1.4 CITY-ST-ZIP NAME KAMLANI, KAVITA STREET ADDRESS 1407 BROADWAY, SUITE #1708 DELETE 2.1 TITLE NAME KAMLANI, KAVITA STREET ADDRESS 1407 BROADWAY, SUITE #1708 2.3 STREET ADDRESS	FICERS AND DIRECTORS IN 12 Change Addition
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Rogistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS TITLE NAME KAMLANI, SHAM STREET ADDRESS LAO7 BROADWAY, SUITE #1708 TITLE SD DELETE TITLE NAME KAMLANI, KAVITA STREET ADDRESS LAO7 BROADWAY, SUITE #1708 DELETE LAO7 BROADWAY, SUITE #1708 STREET ADDRESS LAO7 BROADWAY, SUITE #1708 STREET ADDRESS LAO7 BROADWAY, SUITE #1708 STREET ADDRESS	FICERS AND DIRECTORS IN 12 Change Addition Change Addition
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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 a cachment with an address with a dother like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

212-764-7048