

**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

**DOCUMENT # 358125 (3)**

1. Corporation Name:  
**THE WILLISTON HIGHLANDS DEVELOPMENT CORP.**

**APPROVED AND FILED**

**55 MAY -1 AM 5:06**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business      Mailing Address  
**2601 BISCAYNE BOULEVARD  
POST OFFICE DRAWER 370308  
MIAMI FL 33137**      **2601 BISCAYNE BOULEVARD  
POST OFFICE DRAWER 370308  
MIAMI FL 33137**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/12/1970**      3a. Date of Last Report: **06/01/1994**  
4. FEI Number: **59-1280341**      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. 193.032, Florida Statutes:  Yes  No

2. Principal Place of Business      2a. Mailing Address  
21      25  
State, Apt. # etc.      State, Apt. # etc.  
22      27  
City & State      City & State  
23      28  
Zip      County      Zip      County  
24      25      29      30

9. Name and Address of Current Registered Agent  
**TERRANCE V. CAIRNS  
2601 BISCAYNE BLVD.  
MIAMI FL 33137**

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 607.0402 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 607.0405, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>STD</b>
NAME	<b>GOLDSTEIN, MICHELLE</b>
STREET ADDRESS	<b>2601 BISCAYNE BLVD</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	<b>DP</b>
NAME	<b>MILLER, ROGER</b>
STREET ADDRESS	<b>2601 BISCAYNE BLVD.</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 NAME	
22 STREET ADDRESS	
23 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 that I am not liable for the information stated in Sections 119.07(3)(b), 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 this 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 13 of this report, or on an attachment with my address.

SIGNATURE: *[Signature]*      **Roger Miller - 4/28/98**      **516-6333**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR      Date      Telephone Number