

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**

55 MAY -1 AM 5:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 358125 (3)

1. Corporation Name:
THE WILLISTON HIGHLANDS DEVELOPMENT CORP.

Principal Place of Business 2601 BISCAYNE BOULEVARD POST OFFICE DRAWER 370308 MIAMI FL 33137	Mailing Address 2601 BISCAYNE BOULEVARD POST OFFICE DRAWER 370308 MIAMI FL 33137
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/12/1970	3a. Date of Last Report 06/01/1994
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2. Principal Place of Business 21	2a. Mailing Address 25
State, Apt. # etc. 22	State, Apt. # etc. 27
City & State 23	City & State 28
Zip 24	Country 30

4. FEI Number 59-1280341	Applied For Not Applicable
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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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TERRANCE V. CAIRNS
2601 BISCAYNE BLVD.
MIAMI FL 33137**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD	GOLDSTEIN, MICHELLE
NAME	2601 BISCAYNE BLVD
STREET ADDRESS	MIAMI FL
CITY, ST, ZIP	
TITLE DP	MILLER, ROGER
NAME	2601 BISCAYNE BLVD.
STREET ADDRESS	MIAMI FL
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE	
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that I am not guilty 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: *Roger Miller* **4/28/98** **516-6333**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Expiration