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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 358125

3125 (3)

THE WILLISTON HIGHLANDS DEVELOPMENT CORP.

Principal Place of Business Mailing Address 2001 BISCAYNE BOULEVARD 2001 BISGAYNE BOULEVARD POST OFFICE DRAWER 370308 POST OFFICE DRAWER 370308 MIAMI FL 33137-0308 MIAMI FL 33137 3. Date Incorporated or Qualified 3a. Date of Last Report 01/12/1970 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1280341 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 24 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TERRANCE V. CAIRNS ANTONIO RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable)
2601 BISCAYNE BLVD. 2601 BISCAYNE BLVD. 82 **MIAMI FL 33137 B3** 84 City Zip Code 33137 MIAMI 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. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1.1 TITLE THE **GOLDSTEIN, MICHELLE** NAME 1 2 NAME 2601 BISCAYNE BLVD STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-7/P 1.4 CITY-SY-ZIP Addition DELETE Change TITLE 2.1 TITLE MILLER, ROGER NAME 2.2 NAME 2601 BISCAYNE BLVD. 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL COY-ST-7/P 2. 4 CITY-\$T-ZIP ☐ DELETE Change Addition TITLE 3 1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-\$T-ZIP CITY-ST-70 DELETE Change Addition 5.1 TITLE THUE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-\$1-ZIP City-St-ZiP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADORESS **6.3 STREET ADDRESS** 6.4 CiTY-ST-ZIP CITY: ST-ZIP 14. Ido hereby certify that the information supplied with this filling 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

SIGNATURE:

SIGNATURE AND POPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, of an an attachment with an address:

4/28/27

Daytime Phone #

FILED

May 15 1997 8:00am

Secretary of State

0186916

CR2E034 (9/96)