FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F28589

LAKE HIGHLAND HOLDING CO. INC.

(2)

FILED Feb 03 1998 8:00am Secretary of State



| Principal Plac | e of Business | Mailing Address | | | - 1 COOLIED HIND HOURS HOURT ACTION HOSSEN THEIR OFFICE ACTION MIGHT DEBY BEING COOL | | | |
|-----------------------------|---|---------------------------------|------------------------|--|--|------------|---------------|---------------|
| 10 BAYTREE CRESCENT | | 10 BAYTREE CRESCENT | | | | | | |
| WILLOWDALE, ONT. CA M2626-3 | | WILLOWDALE, ONT, CA M2626-3 | | | DO NOT WRITE | IN THIS OF | 3405 | |
| | | | | | 3. Date Incorporated or Qualified | 11713 31 | AGE | |
| | | | | | 04/03/1981 | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | | oplied For | |
| 21 10 Ba | aytree Crescent | 26 10 Baytree Crescent | | | 59-2206221 | | | ot Applicable |
| Sulte, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired \$8.75 Additional | | | |
| 22 | | City & Stella | | | 57 Commodite of States 203//20 | | Fee Re | equired |
| City & State 23 Wille | owdale, Ont | City & State 28 Willowdale, Ont | | | 8. Election Campaign Financing | | | May Be |
| Zip | Zip | Count | | Trust Fund Contribution 8. This corporation owes or has pai | . == | | to Fees | |
| 24 M2L 2 | Country 2G3 25 Canada | | | nada | Personal Property Tax due June | | | No larigible |
| | 9. Name and Address of Current | | | | 10. Name and Address of New Reg | | | |
| PE | ACOCK, ROBERT W, JR | | 8 | 1 Name | | | | |
| | EAST ROBINSON SUITE #600 | | 8: | 2 Street Add | ress (P.O. Box Number is Not Acceptable | <u> </u> | | |
| | NDMARK CENTRE BUILDING #1 | | L | | Too (110. Box 11diliber is 110) Properties | | | |
| OR | LANDO FL 32801 | | 8 | 3 | | | | |
| | | | 8 | 4 City | <u> </u> | <u></u> | 85 Zip | Code |
| 44 Purevent I | to the provisions of Sections 607 0502 | and 607 1509 Florida Statutos | the abo | us named sor | poration submits this statement for the po | FL | 1 1 | in registered |
| office or re | egistered agent, or both, in the State of | f Florida. Such change was au | thorized t | ov the corpora | tion's board of directors. I hereby accep | the appoi | ntment as | registered |
| | m familiar with, and accept the obligati | ons of, Section 607.0505, Flori | oa Statuti | 3 8. | | | | |
| SIGNATURE | Signature typed or printed name of registered agent | and title d applicable (NOTE: | Registered A | gent signature requi | red when reinstating) | DATE | | |
| 12. | OFFICERS AND | | | | ADDITIONS/CHANGES TO OFFICE | RS AND [| DIRECTOR | RS IN 12 |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | | | Change | Addition |
| NAME | LABERGE, EARL | | 1.2 NAME | | | | | |
| STREET ADDRESS | 10 BAYTREE CRESCENT | | 1.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | WILLOWDALE, ONT.,CAN | | 1.4 CITY- 2.1 TITLE | ST-ZIP | | | 7 | |
| TITLE | | | | | | Ĺ | Change | ☐ Addition |
| NAME | | | 2.2 NAME | | | | | |
| STREET ADDRESS | | | | T ADDRESS | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 2. 4 CITY 3.1 TITLE | -ST-ZIP | | | Change | Addition |
| NAME | | LJ PLEETE | 3.2 NAME | | | L | _ viraliye | |
| STREET ADDRESS | | | | T ADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4 CITY- | | | | | |
| TITLE | | DELETE | 4.1 TITLE | | | | Change | Addition |
| NAME | | | 4. 2 NAME | | | | | |
| STREET ADDRESS | | | 4.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY- | ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 5 1 THLE | | | | Change | ☐ Addition |
| NAME | | | 5.2 NAME | | | | | 1 |
| STREET ADDRESS | | | 5.3 STREE | t address | | | | |
| CITY-ST-ZIP | | 10 1 1-1-1-1-1 | 5.4 CITY - | ST - ZIP | | · | | |
| TITLE | | DELETE | 6.1 TITLE | | | L | _) Change | Addition |
| NAME | | | 6.2 NAME | | | | | |
| STREET ADDRESS | | | 6.3 STREE | T ADDRESS | | | | |

14. Thereby 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.