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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:32

DOCUMENT # L32111 (1)

1. Corporation Name
HIGHLAND RESORTS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1410 SUNSET DR CLEARWATER FL 34615	1410 SUNSET DR CLEARWATER FL 34615

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/28/1989
3a. Date of Last Report: 08/16/1994
4. FEI Number: 59-3015278 ☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 7984 Sail Boat Key S.	26 7984 Sail Boat Key S.
22 Suite, Apt. #, etc. Bldg. 10, Unit 208	27 Suite, Apt. #, etc. Bldg. 10, Unit 208
23 City & State South Pasadena, FL.	28 City & State South Pasadena, FL
24 Zip 33707 25 Country USA	29 Zip 33707 30 Country USA

9. Name and Address of Current Registered Agent

TUNTTLE,KATHRYN
1410 SUNSETT DR
CLEARWATER FL 34615

Corrected name spelling new address

10. Name and Address of New Registered Agent

81 Name: TuttLE, Kathryn
82 Street Address (P.O. Box Number is Not Acceptable): 7984 SailBoAt Key South
83 Bldg. 10, Unit 208
84 City: South Pasadena FL 85 Zip Code: 33707

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, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	DEAN,DAVID A.
STREET ADDRESS	1410 SUNSET DR
CITY-ST-ZIP	CLEARWATER FL 34615
TITLE	ST
NAME	TUTTLE,KATHRYN
STREET ADDRESS	1410 SUNSET DR
CITY-ST-ZIP	CLEARWATER FL 34615
TITLE	VP
NAME	DEAN, CARNWELL C., JR.
STREET ADDRESS	1010 18TH ST SW
CITY-ST-ZIP	LARGO FL 34640
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		
1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Dean, David A.	address
1.3 STREET ADDRESS	7984 SailBoat Key South	
1.4 CITY-ST-ZIP	Bldg. 10, Unit 208 South Pasadena, FL 33707	
2.1 TITLE	ST	☒ Change ☐ Addition
2.2 NAME	Tuttle, Kathryn	address
2.3 STREET ADDRESS	7984 SailBoat Key South	
2.4 CITY-ST-ZIP	Bldg. 10, Unit 208 South Pasadena, FL 33707	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: David A. Dean, President David A Dean 2/12/95 (813) 367-6379
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OF OFFICER OR DIRECTOR — Daytime Phone #

0395316 CR