

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

5:44 PM 4/25/95

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M30993** (3)

1. Corporation Name:
2030 HIGHLAND CORP.

Principal Place of Business: **2030 NE 197 TERR. NORTH MIAMI BCH FL 33179**
Mailing Address: **2030 NE 197 TERR. NORTH MIAMI BCH FL 33179**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/24/1986** 3a. Date of Last Report: **08/12/1994**

2. Principal Place of Business: 2a. Mailing Address:
21 State Apt # etc: 26 State Apt # etc:
22 City & State: 27 City & State:
23 Zip: 25 Country: 28 Zip: 30 Country:

4. FEI Number: **65-0216115** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**WEINER, PETER
2030 N.E. 197TH TERRACE
NORTH MIAMI BCH FL 33179**

10. Name and Address of New Registered Agent:
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83 City:
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0500 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 607.0506, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WEINER, PETER
STREET ADDRESS	2030 N.E. 197TH TERRACE
CITY, ST, ZIP	NORTH MIAMI BCH FL
TITLE	SD
NAME	WEINER, SUSAN
STREET ADDRESS	2030 N.E. 197TH TERRACE
CITY, ST, ZIP	NORTH MIAMI BCH FL
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	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
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 does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information included 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 of this report, or on an attachment with an address.

SIGNATURE: *Peter Weiner*
PETER WEINER, Pres.

4/25/95 305 250-7120