

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

APPROVED
AND
FILED

98 JUN -5 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000022200 (8)**

1. Corporation Name
HIGHLAND LAKES HOLDING CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business PO BOX 398736 MIAMI BEACH FL 33239-8736 US	Mailing Address PO BOX 398736 MIAMI BEACH FL 33239-8736 US
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3. Date Incorporated or Qualified
03/24/1993

2. Principal Place of Business 21 PO BOX 802511 Suite, Apt. #, etc. 22 City & State 23 MIAMI FL Zip Country 24 33280-2511 25 DADE	2a. Mailing Address 26 PO BOX 802511 Suite, Apt. #, etc. 27 City & State 28 MIAMI FL Zip Country 29 33280-2511 30 DADE
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4. FEI Number
65-0406304

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

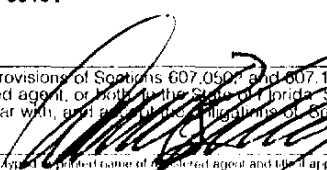
6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**FOGEL, DAVID B
C/O SMOLER & WHITEBROOK, BRUCE
100 SE 2 AVE, STE 2620
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81 Name **DAVID B FOGEL**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **MIAMI** 85 Zip Code **FL 33280**

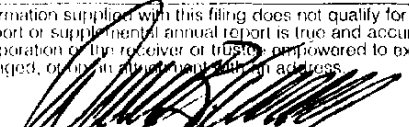
11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0505, Florida Statutes.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: **4/29/98**

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST FOGEL, DAVID PO BOX 398736 N/A MIAMI BCH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1998	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRES DAVID B. FOGEL (N/A) BOX 802511 AVENTURA, FL 33280
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	600002557566--7 -06/12/98--01001--017 ****158.75 ****158.75
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby 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 in an addition thereto in Block 13.

SIGNATURE:  DATE: **4/29/98** **305/539 0011**

CR2E034 (10/97)