SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE PROFIT Sandra B Mortham CORPORATION Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 1996 P94000079981 (4) **DOCUMENT #** HIGHLAND ENVIRONMENTAL GROUP, INC. Mailing Address Principal Place of Business P.O. BOX 13407 TAMPA FL 33681-3407 4250 OAK FAIR BLVD TAMPA FL 33610 3a. Date of Last Report 3 Date Incorporated or Qualified 08/02/1995 11/01/1994 Applied For FEI Number 2a. Mailing Address Principal Place of Business 59-3275797 Not Applicable 26 21 \$8.75 Additional 5. Certificate of Status Desired Suite, Apt #, etc Fee Required Suite, Apt. #, etc. 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 This corporation has trability for intangible to under s. 199 032. 23 Country Country Zip Yes 🗹 Zip Florida Statutes 30 29 25 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent Name SHARON MEBHAN FORD, PETER J. Street Address (P.O. Box Number is Not Acceptable) 4309 TYSON AVE. 4890 W. KENNEDY **TAMPA FL 33611** 83 710 Code 33609 84 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Meska raion SIGNATURE ed agent and title it applic ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E)OFFICERS AND DIRECTORS 13. Change Addition 12 DELETE 11 TITLE CR2E034 TITLE 1.2 NAME RICHMAN, JERALD F NAME 1.3 STREET ADDRESS 300 S. WACKER DR., SUITE 1130 STREET ADDRESS 1.4 CHY+ST-ZIP CHICAGO IL 60606-6607 Change Addition CITY-ST-ZIP DELETE 21 TITLE TiTLE 22 NAME YOUNG, JAMES NAME 2 3 STREET ADDRESS 4450 GULF BLVD., APT. 501 STREET ADDRESS 2 4 C(TY - ST - Z)P ST PETERSBURG BEACH FL 33706 Andition CITY - ST - ZIP DELETE 3.1 TITLE TITLE 3.2 NAME WILKINS, RICHARD G NAME 4250 OAK FAIR BLVD. 33 STREET ADDRESS STREET ADDRESS 3 4 City - ST - ZIP **TAMPA FL 33610** Change Addition CITY-ST-ZIP DELETE 4 1 TITLE TITLE BODIE, DONALD L JR. 4.2 NAME NAME 4 3 STREET ADDRESS 4250 OAK FAIR BLVD. STREET ADDRESS **TAMPA FL 33610** 4 4 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 5.1 TITLE TITLE 5.2 NAME OLANOW, C. WARREN NAME 1 GUSTAVE L. LEVY PLACE, BOX 1137 5.3 STHEET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP NEW YORK NY 10029-6574 CITY - ST - ZIP DELETE SECRETARY 6 1 TITLE ST TITLE SHARON MEEHAN 6.2 NAME FORD, PETER J 4890 W. KENNEDY, SHITE NAME 63 STREET ADDRESS 4309 TYSON AVE. TAMPATEL. 53609 STREET ADDRESS

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)(k). Florida Statutes I I do hereby 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 617, Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address SHARON MEEHAN Meller D NAME OF SIGNING OFFICER OR DIRECTOR

0164318

6.4 CITY - ST-ZIP

CITY - ST - 2IP