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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000088573

1. Corporation Name HIGHLANDS, INC.

Principal Place of Business

31622 US HIGHWAY 19 NORTH PALM HARBOR FL 34684

Mailing Address

31622 US HIGHWAY 19 NORTH PALM HARBOR FL 34684

FILED Jan 21, 1999 8:00am Secretary of State 01-21-1999 90023 049 ***150.00



DO NOT WRITE IN THIS SPACE

}						 Date Incorporated or Qualified 11/20/1995 		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		
21	, Duanicas	26	¬ •			65-0625538		oplied For of Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			ot. #, etc.					Additional
22 27						5. Certifcate of Status Desired		equired
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23 28						Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Zip Cour			8. This corporation owes the current year Intangible		
24 25 29				30		Personal Property Tax.	□Yes	□No
Name and Address of Current Registered Agent						10. Name and Address of New Registered A	gent	
LEAHON, LAWRENCE P				81 Name				
31622 US HIGHWAY 19 NORTH				82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
PALM HARBOR FL 34684				83		1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	* * . * . * . * . * . * . * . * . * . *	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
								1 3 4 3 4 1 3 5 1 1 3 4 3 5 1 1 3 5 1
				84	City	FL	85 Zip (Code
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 Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE								
12. OFFICERS AND DIRECTORS 1					t agriciano requ	ADDITIONS/CHANGES TO OFFICERS AN	DIRECTO	PS IN 12
TITLE	D			TITLE		ABBITORISOTATOES TO ST TIBERS ARE	Change	Addition
NAME	LEAHON, LAWRENCE P			12 NAME		,		المعددة
STREET ADDRESS	DAGOO HE LHOUSERY AS MODELL			1.3 STREET ADDRESS				
DALM HADDOD EL 04004			i i	1.4 CITY-ST-ZIP				1
CTTY-ST-ZIP	TALM HAIDON'S COOP				-ZIP		Change	- Addison
TITLE		ı	3	TITLE	1		[] Change	Addition
NAME			L	NAME				
STREET ADDRESS					ADDRESS			}
CITY-ST-ZIP				2.4 CITY-ST-ZIP			==-	
TITLE .e.f	Hara Lagrencia de	L		TITLE			☐ Change	Addition
NAME !	kika wika area area		3.2	NAME				
STREET ADDRESS			3.3	STREET	ADDRESS			11.5
CITY-ST-ZIP				CITY-S	r-zip			
TITLE		[DELETE 4.1	TITLE		i ya	☐ Change	Addition
NAME			4.2	NAME				i
STREET ADDRESS		•	4.3	STREET	ADDRESS			ĺ
CITY-ST-ZIP			4.4	CITY-ST	- ZIP			J
TITLE	•		DELETE 5.1	TITLE			Change	Addition
NAME)			5.2	NAME				
STREET ADDRESS	~.		5.3	STREET	ADDRESS			
CITY-ST-ZIP			5.41	CITY-ST	ZIP			
TILE			DELETE 6.1	TITLE			Change	Addition
NAME	[3명보다] (영. 7 - 12로이트	- t	6.21	NAME	1		•	
STREET ADDRESS			6.3	STREET	ADDRESS			
CITY-ST-ZIP					-ZIP			}
O(1)1*31*4IF			0.41					1

14. I hereby certify that the information supplied with this filling 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 with all other like empowered.

CR2E034 (11/98)