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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000062541 (3)

1. Corporation Name

HIGHLANDER PROPERTY MANAGEMENT, INC.

Principal Place of Business

1665 S. STATE ROAD 7
NORTH LAUDERDALE FL 33068

Mailing Address

1665 S. STATE ROAD 7
NORTH LAUDERDALE FL 33068-4005



3. Date Incorporated or Qualified
07/26/1996

3a. Date of Last Report

2. Principal Place of Business

21 705 S. STATE ROAD 7
Suite, Apt. #, etc.

2a. Mailing Address

26 705 S. STATE ROAD 7
Suite, Apt. #, etc.

4. FEI Number

65-0682674

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

City & State

23 MARGATE, FL

City & State

28 MARGATE, FL

Zip

24 33068

Country

25 USA

Zip

29 33068

Country

30 USA

9. Name and Address of Current Registered Agent

COVEN, DAVID A
1665 S. STATE ROAD 7
NORTH LAUDERDALE FL 33068

10. Name and Address of New Registered Agent

81 Name

SPIRO LAZAROU

82

Street Address (P.O. Box Number is Not Acceptable)

705 S. STATE ROAD 7

83

84 City

MARGATE

FL

85 Zip Code

33068

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]

(NOTE: Registered Agent signature required when reinstating)

4-16-97
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME LAZARO, SPIRO
STREET ADDRESS 1665 S. STATE ROAD 7
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME SPIRO LAZAROU
1.3 STREET ADDRESS 705 S. STATE ROAD 7
1.4 CITY-ST-ZIP MARGATE, FL 33068

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME ENRIQUE MARTINEZ
2.3 STREET ADDRESS 705 S. STATE ROAD 7
2.4 CITY-ST-ZIP MARGATE, FL 33068

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME LARRY COUNTRY
3.3 STREET ADDRESS 705 S. STATE ROAD 7
3.4 CITY-ST-ZIP MARGATE, FL 33068

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 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

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-97

Date

Daytime Phone #

CR2E034 (9/96)