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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000064291 (3)

T.T. HIGHLAND, INC.

Principal Place of Business ONE PARK PLACE SUITE 450 621 NW 53 ST BOCA RATON FL 33487	Mailing Address ONE PARK PLACE SUITE 450 621 NW 53 ST BOCA RATON FL 33487-823			
			3. Date Incorporated or Qualified 3a. 08/01/1996	Date of Last Report
2. Principal Place of Business 21	2a. Mailing Address 26		4. FEI Number 65-0689029	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25	<u> </u>	Country		□ No
9. Name and Address of Current Registered Agent ROSEN, LAWRENCE N. 81 Na			10. Name and Address of New Register	en vitaur
2925 AVENTURA BLVD	Street Addr	EESA K. Warien		
SUITE-908		Street Addr	ess (P.O. Box Number is Not Acceptable)	
AVENTURA FL 33180		83	111e 450	
		B4 City ()	() L	85 Zip Code
44 D	and COZ 1500. Florido Cialida		ca Katou F	
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 farminar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
- Manageli	ons or, section 607.0505, Flor	oa Statutes.	4/	2/97
SIGNATURE Signalure, typed or prioried name of registered agent	and title if applicable (NOTE:	Registered Agent signature require	ed when reinstaling) DAT	
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
ITTLE (SD)	DELETE	1.1 TITLE] Change Addition
1 1 2 2 2 2 2 3 5 4 Sulta 1160		1.2 NAME 1.3 STREET ADDRESS		
DITY ST-ZIP BOCA RATON FI	_ 33487	1.4 CITY-ST-ZIP		
THE PD.	DELETE	2.1 TITLE		Change Addition
MEISSMAN KICHARDS.		2.2 NAME		
STREET ADDRESS WAT NW 53 MSt. Ste. 450		2.3 STREET ADDRESS		
CITY-SI-ZIP BOCA RATON	FL 35487	2.4 CITY-ST-ZIP		
THE JPT RUMAN (A)	DELETE	3.1 TITLE		Change Addition
621 NW 53rd St. #450		3.2 NAME		į
STREET ADDRESS A	A aca Rata CI 22407			•
	J FL 33487 □ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME NAME NO FLOEGEL J	INGLE T	4.7 INLE		C) change C) requirem
STREFT ADDRESS 621 NW 53	MST. # 450	4.3 STREET ADDRESS		
GRY-SI-ZIP BOCA RATO	N FL 33487	4.4 CITY - ST - ZIP	•	
TITLE 110 Statement D	DELETE	5.1 TITLE		Change Addition
THE UP StetsON R	53 A St # 115	5.2 NAME		M. Madas
STREET ADDRESS 0 - 1 - 1	.J	53 STREET ADDRESS		41 41201 14
<u> </u>	1 FL 33487	54 CITY-ST-ZIP		10 10 /
THE	DELETE	6.1 TITLE	4000021531 -04/24/9701007	Charlige Addition
NAME		6.2 NAME		

SIGNATURE:

STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do nereby 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.

***5445.00

FILED

Apr 22 1997 8:00am

Secretary of State