

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000064291 (3)**
1. Corporation Name
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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/01/1996	
4. FEI Number 65-0689029		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. \$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**WARLEN, NEESA B
621 NW 53RD STREET
SUITE 450
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	CSD	<input checked="" type="checkbox"/> DELETE
NAME	WEISSMAN, MICHAEL	
STREET ADDRESS	621 NW 53RD ST. SUITE 450	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WEISSMAN, RICHARD S	
STREET ADDRESS	621 NW 53RD ST. SUITE 450	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	RUBIN, GARY	
STREET ADDRESS	621 NW 53RD ST. SUITE 450	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	FLOEGEL, JOHN	
STREET ADDRESS	621 NW 53RD ST. SUITE 450	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	STETSON, ROBERTA	
STREET ADDRESS	621 NW 53RD ST. SUITE 450	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VPS Mark Schuer
4.3 STREET ADDRESS	621 NW 53RD St. #450
4.4 CITY-ST-ZIP	Boca Raton FL 33487
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VP Bobbie O'Byrne
5.3 STREET ADDRESS	621 NW 53RD St. #450
5.4 CITY-ST-ZIP	Boca Raton FL 33487
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VP Larry Smith
6.3 STREET ADDRESS	621 NW 53RD St. #450
6.4 CITY-ST-ZIP	Boca Raton FL 33487

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

3/16/98 (561) 994-6226

CR2E034 (10/97)