

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # S28880 (0)**  
1. Corporation Name  
**HIGHLAND LAKE L.T., INC.**



Principal Place of Business  
**6 BRIGHTON RD  
P O BOX 5108  
CLIFTON NJ 07015**

Mailing Address  
**6 BRIGHTON RD  
P O BOX 5108  
CLIFTON NJ 07015**

3. Date Incorporated or Qualified  
**02/01/1991**

3a. Date of Last Report  
**04/04/1995**

4. FEI Number  
**22-3127830**

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

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

**9. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

**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

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 of person providing information and accepting responsibility for information.

(NOTE: Registered Agent signature required when running.)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ DELETE

**PD AXELROD, NORMAN  
6 BRIGHTON RD  
CLIFTON NJ**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ DELETE

**V GILES, WILLIAM  
6 BRIGHTON RD  
CLIFTON NJ**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ DELETE

**S DICK, DAVID  
6 BRIGHTON RD  
CLIFTON NJ**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☒ DELETE

**D BRENNAN, MICHAEL  
ONE THEALL RD  
RYE NY**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ DELETE

**D RICHARDS, ARTHUR  
ONE THEALL RD  
RYE NY**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☒ DELETE

**D OURAESHI, SHAHID  
ONE THEALL RD  
RYE NY**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

14. 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 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DAVID DICK**

**1-85-96**

**201 778 1300**

Date

Daytime Phone

CR2E034 (12/95)