

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

FILED

May 08 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S28880** (0)

1. Corporation Name  
**HIGHLAND LAKE L.T., INC.**

Principal Place of Business <b>6 BRIGHTON RD</b> <b>P O BOX 5108</b> <b>CLIFTON NJ 07015</b>	Mailing Address <b>6 BRIGHTON RD</b> <b>P O BOX 5108</b> <b>CLIFTON NJ 07015-5108</b>
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3. Date Incorporated or Qualified <b>02/01/1991</b>		3a. Date of Last Report <b>02/01/1996</b>	
2. Principal Place of Business		2a. Mailing Address	
21	26	4. FFL Number <b>22-3127830</b>	
Suite, Apt. #, etc.		Applied For	
22		Not Applicable	
City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip	Country	28	
24	25	29	
30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM INC.</b> <b>1201 HAYS STREET</b> <b>SUITE 105</b> <b>TALLAHASSEE FL 32301</b>		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		<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AXELROD, NORMAN</b>	1.2 NAME	
STREET ADDRESS	<b>6 BRIGHTON RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLIFTON NJ</b>	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILES, WILLIAM</b>	2.2 NAME	
STREET ADDRESS	<b>6 BRIGHTON RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLIFTON NJ</b>	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DICK, DAVID</b>	3.2 NAME	
STREET ADDRESS	<b>6 BRIGHTON RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLIFTON NJ</b>	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHARDS, ARTHUR</b>	4.2 NAME	
STREET ADDRESS	<b>ONE THEALL RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RYE NY</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>DIR. JIM TOMASZEWSKI</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>6 BRIGHTON RD</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>CLIFTON NJ 07015</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-97 201-778-1300  
Date Daytime Phone

CR2E034 (9/96)