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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1998**

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 | Mailing Address |
|---|---|
| **6 BRIGHTON RD**<br>**P O BOX 5108**<br>**CLIFTON NJ 07015** | **6 BRIGHTON RD**<br>**P O BOX 5108**<br>**CLIFTON NJ 07015** |

DO NOT WRITE IN THIS SPACE

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

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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☑ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
State, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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: UNITED STATES CORPORATION CO.
82 Street Address (P.O. Box Number is Not Acceptable) (name change only)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1008, 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
(Required) (NEW Registered Agent signature required when changing) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | AXELROD, NORMAN | | 1.2 NAME | | |
| STREET ADDRESS | 6 BRIGHTON RD | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CLIFTON NJ | | 1.4 CITY-ST-ZIP | | |
| TITLE | V | ☐ DELETE | 2.1 TITLE | V/D | ☑ Change ☐ Addition |
| NAME | GILES, WILLIAM | | 2.2 NAME | | |
| STREET ADDRESS | 6 BRIGHTON RD | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CLIFTON NJ | | 2.4 CITY-ST-ZIP | | |
| TITLE | S | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DICK, DAVID | | 3.2 NAME | | |
| STREET ADDRESS | 6 BRIGHTON RD | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CLIFTON NJ | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | ☑ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | TOMASZEWSKI, JIM | | 4.2 NAME | 900002530665 -05/21/98--01001--027 ***150.00 | |
| STREET ADDRESS | 6 BRIGHTON RD | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CLIFTON NJ | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

5/20

14. I 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 report or supplemental information to 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 added to the report with my address.

**SIGNATURE:** DAVID DICK 4/24/98 (973)778-1300

CR2E034 (10/97)