

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
AMOUNT DUE ON OR BEFORE 8/9/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 95 JUL -7 AM 9:14
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P29019 (7)
 1. Corporation Name
HIGH PLAINS CAPITAL CORPORATION

Principal Place of Business Mailing Address
618 GRAND AVE LARAMIE WY 82070 **618 GRAND AVE LARAMIE WY 82070**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **04/23/1980** 3a. Date of Last Report **05/01/1994**
 4. FEI Number **59-1942407** 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
 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
HOLMOS, GEORGE A
1598 S. OCEAN LANE
FT. LAUDERDALE FL 33309
Halmos, George
1598 S. Ocean Lane
ft. Lauderdale, FL 33309

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOLMOS, STEVEN
STREET ADDRESS	618 GRAND AVENUE
CITY - ST - ZIP	LARAMIE WY
TITLE	V
NAME	MASTERS, JOHN
STREET ADDRESS	618 GRAND AVENUE
CITY - ST - ZIP	LARAMIE WY
TITLE	STD
NAME	HOLMOS, PETER
STREET ADDRESS	618 GRAND AVENUE
CITY - ST - ZIP	LARAMIE WY
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Halmos, Steven
1.3 STREET ADDRESS	618 Grand Ave
1.4 CITY - ST - ZIP	Laramie, WY
2.1 TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Masters, John
2.3 STREET ADDRESS	618 Grand Avenue
2.4 CITY - ST - ZIP	Laramie WY
3.1 TITLE	STD <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Halmos, Peter
3.3 STREET ADDRESS	618 Grand Avenue
3.4 CITY - ST - ZIP	Laramie, WY
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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: *Spl Morham*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Mo/Yr)

CR2E034 (3/95)