

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

APPROVED  
AND  
FILED

90 SEP -3 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

2. Principal Place of Business  
21 **6400 NW 6th Way**  
Suite, Apt. #, etc.  
22  
City & State  
23 **FORT LAUDERDALE FL**  
Zip Country  
24 **33309** 25 **BROWARD** 29 **33309** 30 **BROWARD**

3. Date Incorporated or Qualified **04/23/1990** 3a. Date of Last Report **07/07/1995**  
4. FEET 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**  
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes  Yes  No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**HALMOS, GEORGE  
1598 S. OCEAN LANE  
FT. LAUDERDALE FL 33309**

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 607.0607 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 607.0605, Florida Statutes.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_  
Special type or printed name of person appointed as registered agent \_\_\_\_\_ Date \_\_\_\_\_  
Printed name of person appointed as registered agent \_\_\_\_\_ Date \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>HALMOS, STEVEN</b>	
STREET ADDRESS	<b>618 GRAND AVENUE</b>	
CITY - ST - ZIP	<b>LARAMIE WY</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MASTERS, JOHN</b>	
STREET ADDRESS	<b>618 GRAND AVENUE</b>	
CITY - ST - ZIP	<b>LARAMIE WY</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>HALMOS, PETER</b>	
STREET ADDRESS	<b>618 GRAND AVENUE</b>	
CITY - ST - ZIP	<b>LARAMIE WY</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<b>700001943057</b>
22 NAME	<b>-09/10/96--01046--025</b>
23 STREET ADDRESS	<b>*****25.00 *****25.00</b>
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 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 this 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 appointment with an address.

SIGNATURE: **X** *Peter Halmos* **Peter Halmos**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/96 (954) 938 8946

CR2E034 (12/95)