

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

**FILED**  
**Apr 07 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P29019**  
 1. Corporation Name  
**HIGH PLAINS CAPITAL CORPORATION**

Principal Place of Business <b>6400 NW 6TH WAY                  FT. LAUDERDALE, FL                  33309</b>	Mailing Address <b>6400 NW 6TH WAY                  FT. LAUDERDALE, FL                  33309</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 621 NW 53RD ST</b> Suite, Apt. #, etc. <b>22 SUITE 300</b> City & State <b>23 BOCA RATON, FL</b> Zip <b>24 33487</b>	2a. Mailing Address <b>26 C/O MCGRATH &amp; MEYERS, PA</b> Suite, Apt. #, etc. <b>27 5725 CORPORATE WAY SUITE 101</b> City & State <b>28 WEST PALM BEACH, FL</b> Zip <b>29 33407</b>
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3. Date Incorporated or Qualified <b>4/23/90</b>	4. FEI Number <b>59-1942407</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**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	<b>FL</b>
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 fee if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>HALMOS, STEVEN</b>	
STREET ADDRESS	<b>6400 NW 6th WAY</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33309</b>	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	<b>HALMOS, PETER</b>	
STREET ADDRESS	<b>6400 NW 6th WAY</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33309</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>HALMOS, STEVEN</b>	
1.3 STREET ADDRESS	<b>200 EAST LAS OLAS BLVD, STE 1730</b>	
1.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33301</b>	
2.1 TITLE	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>HALMOS, PETER</b>	
2.3 STREET ADDRESS	<b>621 NW 53rd ST., STE 300</b>	
2.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33487</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		

**300002481143**  
**-04/07/98--01015--032**  
**\*\*\*150.00**

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 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 \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (10/97)