


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

FILED

**Apr 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000066455 (2)
1. Corporation Name
HIGHFIN, INC.



Principal Place of Business 11382 PROSPERITY FARMS ROAD, SUITE 227 PALM BEACH GARDENS FL 33410	Mailing Address 11382 PROSPERITY FARMS ROAD, SUITE 227 PALM BEACH GARDENS FL 33410-3483
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3. Date Incorporated or Qualified 08/07/1996		3a. Date of Last Report	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0692138	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24. Country	29. Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FORBES, PHILIP H ESQ 11382 PROSPERITY FARMS ROAD, SUITE 227 PALM BEACH GARDENS FL 33410				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 signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVALLEE, DEAN E	1.2 NAME	Lavallee, Dean E.
STREET ADDRESS	4135 BURNS ROAD	1.3 STREET ADDRESS	4135 Burns Road
CITY - ST - ZIP	PALM BEACH GARDENS FL 33410	1.4 CITY - ST - ZIP	Palm Beach Gardens FL 33410
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRED, RICHARD	2.2 NAME	Fred, Richard
STREET ADDRESS	4135 BURNS ROAD	2.3 STREET ADDRESS	4135 Burns Road
CITY - ST - ZIP	PALM BEACH GARDENS FL 33410	2.4 CITY - ST - ZIP	Palm Beach Gardens FL 33410
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Secretary/Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNER, CHARLES	3.2 NAME	Conner, Charles H.
STREET ADDRESS	4135 BURNS ROAD	3.3 STREET ADDRESS	4135 Burns Road
CITY - ST - ZIP	PALM BEACH GARDENS FL 33410	3.4 CITY - ST - ZIP	Palm Beach Gardens FL 33410
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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: *Charles H. Conner* 4/14/97 561-6942091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)