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**Mar 19 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000024286 (2)

**1. Corporation Name:
HIGH PERFORMANCE INVESTMENT CORPORATION**



Principal Place of Business: 21346 ST ANDREWS BLVD SUITE 147 BOCA RATON FL 33433

Mailing Address: 21346 ST ANDREWS BLVD SUITE 147 BOCA RATON FL 33433-2432

3. Date Incorporated or Qualified: 03/14/1996 **3a. Date of Last Report:**

2. Principal Place of Business:

2a. Mailing Address:

4. FEI Number: 98-4094458 **Applied For: Not Applicable**

21. State, Apt. #, etc.:

26. Suite, Apt. #, etc.:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

22. City & State:

27. City & State:

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

23. Zip Country:

28. Zip Country:

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: **Yes** **No**

24. Zip Country:

25. Country:

29. Zip Country:

30. Country:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DI BUCCI, THOMAS
21346 ST ANDREWS BLVD
SUITE 147
BOCA RATON FL 33433**

81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **(NOTE: Registered Agent signature required when reinstating)** **DATE:** *3/14/97*

12. OFFICERS AND DIRECTORS **DELETE**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **Change** **Addition**

TITLE: **DP** **DELETE**

NAME: **DI BUCCI, THOMAS**

STREET ADDRESS: **21346 ST ANDREWS BLVD**

CITY- ST- ZIP: **BOCA RATON FL 33433**

TITLE: **DELETE**

NAME:

STREET ADDRESS:

CITY- ST- ZIP:

TITLE: **DELETE**

NAME:

STREET ADDRESS:

CITY- ST- ZIP:

TITLE: **DELETE**

NAME:

STREET ADDRESS:

CITY- ST- ZIP:

TITLE: **DELETE**

NAME:

STREET ADDRESS:

CITY- ST- ZIP:

1.1 TITLE: **Change** **Addition**

1.2 NAME:

1.3 STREET ADDRESS:

1.4 CITY- ST- ZIP:

2.1 TITLE: **Change** **Addition**

2.2 NAME:

2.3 STREET ADDRESS:

2.4 CITY- ST- ZIP:

3.1 TITLE: **Change** **Addition**

3.2 NAME:

3.3 STREET ADDRESS:

3.4 CITY- ST- ZIP:

4.1 TITLE: **Change** **Addition**

4.2 NAME:

4.3 STREET ADDRESS:

4.4 CITY- ST- ZIP:

5.1 TITLE: **Change** **Addition**

5.2 NAME:

5.3 STREET ADDRESS:

5.4 CITY- ST- ZIP:

6.1 TITLE: **Change** **Addition**

6.2 NAME:

6.3 STREET ADDRESS:

6.4 CITY- ST- ZIP:

14. I do hereby certify that the information submitted 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, or 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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **DATE:** *3/14/97* **Daytime Phone #:**

CR2E034 (9/96)