

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P29019

**FILED**  
**Mar 16, 2016**  
**Secretary of State**  
**CC2242109425**

**Entity Name:** HIGH PLAINS CAPITAL CORPORATION

**Current Principal Place of Business:**

700 SOUTH OLIVE AVENUE  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

C/O MEYERS & ASSOCIATE, CPA, PA  
4540 PGA BOULEVARD, SUITE 216  
PALM BEACH GARDENS, FL 33418 US

**FEI Number:** 59-1942407

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MEYERS, GAIL C  
4540 PGA BOULEVARD  
SUITE 216  
PALM BEACH GARDENS, FL 33418 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name HALMOS, PETER  
Address 700 SOUTH OLIVE AVENUE  
City-State-Zip: WEST PALM BEACH FL 33401

Title T  
Name MEYERS, GAIL C  
Address 4540 PGA BOULEVARD, SUITE 216  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title S  
Name HALMOS, NICHOLAS K  
Address 700 SOUTH OLIVE AVENUE  
City-State-Zip: WEST PALM BEACH FL 33401

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GAIL C. MEYERS

**TREASURER**

**03/16/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date