

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F02003 (4)

1. Corporation Name

HIGH PERFORMANCE ASSOCIATES, INC.



Principal Place of Business

Mailing Address

18167 US 19 (W)  
STE 450  
CLEARWATER FL 34624

18167 US 19 (W)  
STE 450  
CLEARWATER FL 34624

2. Principal Place of Business

2a. Mailing Address

21 3301 BAYSHORE BLVD.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #1109

27

City & State

City & State

23 TAMPA, FL

28

Zip Country

Zip Country

24 33629

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HELOW, MARK J  
2717 SEVILLE BLVD. #11305  
CLEARWATER FL 34624

81 Name MARK J. HELOW

82 Street Address (P.O. Box Number is Not Acceptable)  
3301 BAYSHORE BLVD #1109

83

84 City TAMPA FL 85 Zip Code 33629

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

Mark J Helow

Signature of person or persons named as registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

6/29/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME DP  
STREET ADDRESS HELOW, MARK J  
CITY-ST-ZIP 618 ARBOR LAKE LN.  
TAMPA FL 33602

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mark J Helow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/96

DATE

813-832-4688

Display Phone #

CR2E034 (3/96)