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

PROFIT CORPORATION ANNUAL REPORT

1997



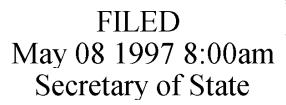
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT	#	G98	885

(8)



HIGH TEST, II	NC.					
Principal Place of Bus	siness	Mailing Address			1 106(1)) DAID SAID) (\$16) SAID (0)	BANKA BARAT BARAT BANIL NAMPA BINAS LAND
2255 GLADES ROAD #219A 2255 GLADES ROAD #218A BOCA RATON FL 33433-5532 BOCA RATON FL 33431-7391		į				
					 Date Incorporated or Qualified 02/24/1984 	3a, Date of Last Report 05/01/1996
2. Principal Place of E	Business	26. Mailing Address			4, FEI Number	Applied For
21		26			59-2403888	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State	·····			Fee Required
23		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation has liability for	
24	25	29	30	•		Yes No
	ame and Address of Curren	Registered Agent			10. Name and Address of New Re	glatered Agent
KNIGHT, W	ALLIAM L		1	11 Name		
2255 GLAD	DES RD		h	Street Ad	dress (P.O. Box Number is Not Acceptate	ole)
219A						
BOCA RAT	'ON FL 33431]1	33		
			Ī	14 City		FL 85 Zip Code
44 Pursuant to the no	rowsions of Sections 607 0503	2 and 607 1508 Florida Statut	es the ab	ove-nemed co	vocation submits this statement for the r	
office or registere	ed agent, or both, in the State	of Florida, Such change was a	authorized	by the corpor	rporation submits this statement for the pration's board of directors. I hereby accept	ot the appointment as registered
SIGNATURE.	ar with and accept the conge	more of dector do todos, i	OING GIGIO	100.		
Signature	typed or printed name of registered ager	·		Agent signature rec	pured when reinstaling)	DATE
12.	OFFICERS AND	DELETE	13. 1.1 TITL	<u> </u>	ADDITIONS/CHANGES TO OFFIC	Change Addition
, -	ER, COLLEEN	EJ pecere	1.1 HIL	1		Change C Author
	GLADES RD, #219A			EET ADDRESS		
	A RATON FL			'-SY-ZIP		
THLE PCD		DELETE	2.1 TITL			Change Addition
f	aht, william L.		22 NAM	IE		
	GLADES RD #219A		2.3 STR	EET ADORESS		
CITY-ST-ZIP BOC	A RATON FL		2. 4 CIT	Y-ST-ZIP	in the state of th	g to a
TITLE VT		DELETE	3.1 TITL			☐ Change ☐ Addition
	Dwerker, Silvia		3.2 NAM	IE [
	GLADES RD, #219A		3.3 STR	EET ADDRESS		
CITY-ST-ZIP BOC	A RATON FL		3.4. CIT	Y-ST-ZIP		
TITLE V	MOD LATERALIA	DELETE	4.1 TITL			☐ Change ☐ Addition
	SHT, JAMES W.		4. 2 NA	í		
	GLADES RD. #219A		4.3 STR	EET ADDRESS		
CITY-ST-ZIP BOC	A RATON FL	DELETE		- \$T-ZIP		Change Addition
ra.r		L.J DELETE	5.1 TITU			Change Addition
THLE			P 0 4144			
NAME			5.2 NAM			
NAME STHEET ADDRESS			5.3 STR	EET ADDRESS		
NAME STHEFT ADDRESS CITY - SY - ZIP		T I DELETE	5.3 STR 5.4 CIT	eet address (-st-zip		Change Addition
NAME STHEET ADDRESS CITY - ST - ZIP THILE		DELETE	5.3 STR 5.4 CIT 6.1 TITU	EET ADDRESS 7-ST-ZIP E		☐ Change ☐ Addition
NAME STHEFT ADDRESS CITY - SY - ZIP		☐ DELETE	5.3 STR 5.4 CITY 6.1 TITU 6.2 NAA	EET ADDRESS 7-ST-ZIP E		Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j). 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 chapted, or on an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING PFFICER OR DIRECTOR

5-1-97

561-241-1000