## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #	P92000001281	(4

DOCU 1. Corporation		# P920	00001281	(4)						
HIGH	SCORE,	INC.								
Principal Place	e of Business	3	Mailing Address							1881 18181 (184 184)
1327 N.W. 4 LAUDERHILI US			1327 N.W. 40TH A Lauderhall fl. 3 Us							
							<ol> <li>Date Incorporated or Qualified 10/27/1992</li> </ol>		e of Last <b>)5/26/1</b>	
2. Principal Pl	lace of Busin	ess	2a. Mailing Address 26				4. FEI Number 65-0370478	<del></del>	Ţ.	Applied For Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc				5. Certificate of Status Desired			5 Additional
City & State	e		City & State				6. Election Campaign Financing		<del>/</del>	Required  May Be
<b>Z</b> ip		Country	<b>28</b> Zip		untar		Trust Fund Contribution	2	Add	ed to Fees
24		25	29	30	untry			intangible t No	ax under :	s 199.032,
	9. Name	and Address of Curre	ent Registered Agent				10. Name and Address of New F	egistered	Agent	
					81	Name		_	,	
	, alberto .W. 40th /				82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)	<del></del>	
	RHILL FL 3				<b>B3</b>					<del></del>
					84	City		FL	85 2	rip Code
11. Pursuant t	to the provisi	ons of Sections 607.050	02 and 607.1508, Florida Sta	tutes, the abo	ove-n	amed corpo	oration submits this statement for the pur ard of directors. I hereby accept the appo	<del></del>	anging its	registered office
Tearrings PVII	th, and acco	the obligations of, Se	ction 607.0505, Florida Statu	ites.	corpc	oration s Do	ard or directors. I hereby accept the appoint	ointment as	registere	d agent. I am
SIGNATURE _	Signature, typed	or printed name of registered age	ont and title if applicable.	(NOTE: Registered	1 Agent	t signature requi	red when reinstating)	DATE		
12.	88	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	CERS AND	DIRECT	ORS IN 12
TITLE	PD	AL DEDTO	☐ DELETE	1.11	ITLE				Change	■ Addition
NAME		, alberto I.W. 40th avenue		12 N	AME					
STREET ADDRESS		RHILL FL 33313		l l		ADDRESS				
CITY-S1-ZIP TITLE	SD	111 NEC 1 E 000 10	DELETE	1.4 C	ITY-ST	r-ZIP				
NAME		GISELA	_ better	2.2 N		- ]		L	Change	☐ Addition
STREET ADDRESS		.W. 40TH AVENUE				ADDRESS				
CITY-ST-ZIP		RHILL FL 33313			11Y-ST					
TITLE			☐ DELETE	3 1 1		- 211		Г	7 Change	☐ Add₁tion
NAME				32 N	AME					
STREET ADDRESS				3.3. S	TREET.	ADDRESS				
CITY - ST - ZIP				3.4 C	TY-ST	ZIP				
TITLE			DELETE	4.13	ΠLE				Change	☐ Addition
NAME				4.2 N/	AME					
STREET ADDRESS				4.3 S1	REET A	ADDRESS				
CITY-ST-ZIP TITLE			- DECETE		TY-ST	- ZIP				
NAME			☐ DELETE	5.17					Change	Addition
STREET ADDRESS				52 N/		honee				
CITY-S1-ZIP					HEET A TY-ST	ADDRESS				
TATLE			☐ DELETE	6.1 TI		- 211		г	Change	Addition
NAME			_	6.2 N					- crange	A000000
STREET ADDRESS						NDDRESS				
CITY-ST-ZIP				6.4 CI	TY-ST-	- ZIP				
14. I do hereby	y certify that	the information supplied	with this filing is voluntarily for	rnished and	does	not qualify	for the exemption stated in Section 119.0	7(3)(k), Flo	rida Statu	tes I further

Too nereby 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. If 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 trockinged, or on an attachment with an address.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Despire Proof 8

SIGNATURE:

301 St 7-800