

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 # P94000017322 (6)

1. Corporation Name
HIGH GEAR SALES, INC.



Principal Place of Business: **504 HIDDEN LAKE DRIVE BRANDON FL 33511**
Mailing Address: **504 HIDDEN LAKE DRIVE BRANDON FL 33511**

3. Date Incorporated or Qualified: **03/04/1994**
3a. Date of Last Report: **03/03/1995**

21. Principal Place of Business 6615 SEABIRD WAY Suite, Apt. #, etc.	22. City & State APOLLO BEACH FL	23. Zip 33572	24. Country HILLSBOROUGH	25. Mailing Address 6615 SEABIRD WAY Suite, Apt. #, etc.	26. City & State APOLLO BEACH FL	27. Zip 33572	28. Country HILLSBOROUGH
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4. FEI Number: **59-3231476**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**LESKO, MICHAEL J
504 HIDDEN LAKE DRIVE
BRANDON FL 33511**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: D <input type="checkbox"/> DELETE	NAME: LESKO, MICHAEL J
STREET ADDRESS: 504 HIDDEN LAKE DR.	CITY - ST - ZIP: BRANDON FL 33511
TITLE: D <input type="checkbox"/> DELETE	NAME: LESKO, CONNIE S
STREET ADDRESS: 504 HIDDEN LAKE DR.	CITY - ST - ZIP: BRANDON FL 33511
TITLE: <input type="checkbox"/> DELETE	NAME:
STREET ADDRESS:	CITY - ST - ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME:
STREET ADDRESS:	CITY - ST - ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME:
STREET ADDRESS:	CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
1.2 STREET ADDRESS:	1.3 CITY - ST - ZIP:
2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
2.2 STREET ADDRESS:	2.3 CITY - ST - ZIP:
3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
3.2 STREET ADDRESS:	3.3 CITY - ST - ZIP:
4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
4.2 STREET ADDRESS:	4.3 CITY - ST - ZIP:
5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
5.2 STREET ADDRESS:	5.3 CITY - ST - ZIP:
6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
6.2 STREET ADDRESS:	6.3 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Michael J. Lesko* **MICHAEL J. LESKO** **2-12-96** **813-645-8099**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Line Phone #

CR2E034 (12/95)