FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 MAY 12 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000041205 (3)**

1. Corporation Name
HIGH PERFORMANCE CARTRIDGES INC.

Principal Place of Business	Mailing Address
10185 COLLINS AVE., # 212 BAL HARBOUR FL 33154	10185 COLLINS AVE., # 212 BAL HARBOUR FL 33154

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/01/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 10918 AIRVIEW DR	26 10918 AIRVIEW DR
Suite, Apt. #, etc. 22 TAMPA	Suite, Apt. #, etc. 27 TAMPA
City & State 23 FL	City & State 28 FL
Zip 24 33625 Country 25	Zip 29 33625 Country 30

4. FEI Number: 65-0498404 ☐ 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	10. Name and Address of New Registered Agent
PATRICK, MARTY 1141 CANE CONCOURSE BAY HARBOR ISLANDS FL 33154	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	BRAD T. SCHWARTZ ☒ Change ☐ Addition
NAME	SHAWWAF, LUCIA FLORINA	12 NAME	
STREET ADDRESS	10185 COLLINS AVE., # 212	13 STREET ADDRESS	10918 AIRVIEW DR.
CITY-ST-ZIP	BAL HARBOUR FL 33154	14 CITY-ST-ZIP	TAMPA, FL 33625
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	600001450386 Addition
NAME		32 NAME	-05/17/95--01035--013
STREET ADDRESS		33 STREET ADDRESS	****225.00 ****225.00
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	RC

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)(i), 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: Brad Schwartz 5/3/95 813-886-5866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0208821 CP