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

CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mg Kham'

Secretary of State DIVISION OF CORPORATIONS

1998

P96000024286 (2) DOCUMENT #

HIGH PERFORMANCE INVESTMENT CORPORATION

Principal Place of Business Mailing Address 21346 ST ANDREWS BLVD 21346 ST ANDREWS BLVD **SUITE 147 SUITE 147 BOCA RATON FL 33433** DO NOT WRITE IN THIS SPACE BOCA RATON FL 33433 3. Date Incorporated or Qualified 03/14/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 95-4094458 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Ζıp Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DI BUCCI. THOMAS 21346 ST ANDREWS BLVD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 147 83 **BOCA RATON FL 33433** 84 City 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 Signature, typed or printed name of registered agent and title it applicable. (NOTF: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ĎΡ DELETE 1.1 TITLE Change Addition DI BUCCI, THOMAS NAME 1.2 NAME 21346 ST ANDREWS BLVD STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITL€ ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CiTY-ST-ZIP TITLE DELETE 3.1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELET**E** TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 reports 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 study is 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

CITY-ST-ZIP

FILED Mar 25 1998 8:00am Secretary of State

