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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

May 06 1997 8:00am

Secretary of State

DOCUMENT # P96000025493 (3)

HIGH PLAINS LEATHER, INC.

Principal Place of Business Mailing Address 6930 VENTURE CIRCLE STE H 6930 VENTURE CIRCLE STE H ORLANDO FL 32807 ORLANDO FL 32807-5332 3. Date Incorporated or Qualified 3a. Date of Last Report 03/18/1996 2a. Mailing Address 2. Principal Place of Business Applied For Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zio Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 24 25 Florida Statutes Yes No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KING, GREGORY F 2324 ALVIN STREET 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32817 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fforida 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 Fforida. 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, Fforida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE .... Change Addition TITLE 1.1 TITLE NAME King, Gregory F 1.2 NAME 2324 ALVIN STREET STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32817 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE CONKLIN, KEVIN J NAME 2.2 NAMI STREET ADDRESS 4411 CARROLLWOOD VILLAGE 2.3 STREET ADDRESS CITY-ST-ZIP TAMPA FL 33624 2. 4 CITY-\$1-ZIP DELETE Change TITLE 3.1 TITLE Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4 CITY- ST-7IP DELETE Change \_\_\_ Addition TITLE 4.1 TITLE NAME 4. 2 NAMI STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(1Y - ST - Z)P DELETE Change Addition TITLE 5 1 TILLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 6.1 THLE NAME 6.2 NAME

14. I do 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 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 trusted 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.

6.3 STREET ADDRESS

6.4 CITY - ST- 7/P