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Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000073683 (0)
1. Corporation Name
HIGH STREET FINANCIAL, INC.



Principal Place of Business: 100 S. ASHELY DRIVE SUITE 1250 TAMPA FL 33602
Mailing Address: 100 S. ASHELY DRIVE SUITE 1250 TAMPA FL 33602-5310

3. Date Incorporated or Qualified: 09/03/1996
3a. Date of Last Report: _____
4. FEI Number: 59-3398231
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: OARE, ELIZABETH L, 100 S. ASHELY DRIVE, SUITE 1250, TAMPA FL 33602
10. Name and Address of New Registered Agent: B1 Name, B2 Street Address (P.O. Box Number is Not Acceptable): 777 S. HARBOUR ISLAND BLVD, B3 Suite 175, B4 City: TAMPA, FL, B5 Zip Code: 33602

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: Elizabeth Oare (Elizabeth L. Oare) DATE: 4/16/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DPST	NAME: OARE, ELIZABETH L	1.1 TITLE: DST	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 100 S ASHLEY DR., #1250	CITY-ST-ZIP: TAMPA FL 33602	1.2 NAME: OARE, ELIZABETH L. OARE	
		1.3 STREET ADDRESS: 777 S. HARBOUR ISLAND BLVD #175	
		1.4 CITY-ST-ZIP: TAMPA, FL 33602	
		2.1 TITLE: John J. Bartolotta	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
		2.2 NAME: John J. Bartolotta	
		2.3 STREET ADDRESS: 777 S. HARBOUR ISLAND BLVD #175	
		2.4 CITY-ST-ZIP: TAMPA, FL 33602	
		3.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
		4.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
		5.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
		6.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

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 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: Elizabeth Oare DATE: 4/16/97 (813) 272-2600

CR2E034 (9/96)