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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000073683 (0)

HIGH S	STREET FINANCIAL, INC.						
Principal Plac	pe of Business	Mailing Address		- I HEBRINDA III INIIO DIRIA BORIL ODILI I		44	
777 S HARBOUR ISLAND BLVD 777 S HARBOUR ISLAND			N DI VID				
#175 #175			DLYU				
TAMPA FL 33802 TAMPA F		TAMPA FL 33602		DO NOT WRIT		SPACE	
US		U\$		3. Date Incorporated or Qualified	ŀ		
Pola dia al	No. Z of Division			09/03/1996			
	Place of Business	2a. Mailing Address		4. FEI Number 59-3398231			pplied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.				ot Applicable
22]		· · · · · · · · · · · · · · · · · · ·	27		X		Additional equired
City & State		City & State		Election Campaign Financing			
23		 - 	28		П		May Be to Fees
Zip	Country	Zip	Country	Trust Fund Contribution 8. This corporation owes or has p			
24	25	29	30	Personal Property Tax due Jun] No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New R		Agent	_
OA	RE, ELIZABETH L		81 Name	hn U. Bartoletta			
777 S HARBOUR ISLAND BLVD			82 Street Addr	ress IP O Roy Number is Not Accepts	abio		
STE 175			1700	ress IP.O. Box Number is Not Accepte HOUDDUY SIONO	BIVO	l·	
TAMPA FL 33602			83 C111	เทิด			
17 11 11 11 11 11 11 11 11 11 11 11 11 1			84 City 10	<u> </u>		les Zie	Codo
			Jan War	mpa	FL	. 33	Le 02
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 register.							ls 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 registagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes						registerea	
SIGNATURE		1	hall bartok	etta-President	2 126	148 ر	
	Signature typica or porting name or registrate a		E: Registered Agent signature requir		DATE		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND		
TITLE	DST	☐ DELE te	1.1 TOTLE			L Change	Addition
NAME	OARE, ELIZABETH L	1100 11400	1.2 NAME				
STREET ADDRESS 777 S HARBOUR ISLAND BLVD #175		1.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	TAMPA FL	DELETE	1.4 City-St-ZiP			Change	Addition
NAME	PARTOLETTA JOUN I	☐ DECEIE	2.1 TITLE			TT change	Maninau
· .	BARTOLETTA, JOHN J	180 447E	2.2 NAME				
\$TREET ADDRESS	777 S HARBOUR ISLAND BI	LVU #1/3	2.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	TAMPA FL	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE			Change	Addition
NAME		- Dreet	3.7 TITLE			- ouguige	
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		 	Change	Addition
NAME			4. 2 NAME			and alumba	
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME		_	5.2 NAME			_ •	
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELET E	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME			-	
STREET ADDRESS			6.3 STREET ADDRESS				
l .							

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 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.

6.4 CITY-ST-ZIP

2/21/100

(812)2112-11.0

FILED

Mar 05 1998 8:00am

Secretary of State