SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995 7-27-95 B-79105-C

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

FILED
1995 JUL 27 AM 10:18
SEC.
TALLAHASSEE, FLORIDA

DOCUMENT # V61079 (2)

1. Corporation Name

HY-POTENTIAL, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
13750 CUMBERLAND PLACE DAVIE FL 33325	13750 CUMBERLAND PLACE DAVIE FL 33325

3. Date Incorporated or Qualified: 09/01/1992
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business
21: same as above
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a. Mailing Address
26: same as above
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 65-0355935 ☐ 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

PHILIPS, LISA
13750 CUMBERLAND PLACE
DAVIE FL 33325

10. Name and Address of New Registered Agent

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: Lisa Phillips President 7-22-95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, LISA	12 NAME	
STREET ADDRESS	13750 CUMBERLAND PL.	13 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33325	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, JOHN	22 NAME	
STREET ADDRESS	13750 CUMBERLAND PL.	23 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33325	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
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	

CR2E034 (3/95)

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: Lisa Phillips - LISA PHILLIPS - President 7-22-95 305-983-0350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002247 CP