

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Brenda B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

05 MAY 11 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000063121 (6)**

1. Corporation Name

**CHIPS HI-TECH INDUSTRIES, INC.**

DO NOT WRITE IN THIS SPACE

Principal Office of Business <b>918 STONEYBROOK CIR PORT ORANGE FL 32127</b>	Mailing Address <b>P O BOX 291926 PORT ORANGE FL 32127 US</b>
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3. Date incorporated or Qualified <b>09/10/1993</b>	3a. Date of Last Report <b>06/02/1994</b>
4. FEI Number <b>59-3200725</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Office of Business	2a. Mailing Address
21. State, Apt # etc	26. State, Apt # etc
22. City & State	27. City & State
23. Co. Country	28. Co. Country
24. Co. Country	25. Co. Country
29. Co. Country	30. Co. Country

9. Name and Address of Current Registered Agent <b>SCOTT, ROBERT H JR 152 W GRANADA BLVD ORMOND BEACH FL 32174</b>	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	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 I accept the obligations of Section 607.0504, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALIGROSKI, LISA</b>	1. NAME	<b>P Robert H. Scott, Jr.</b>
STREET ADDRESS	<b>918 STONEYBROOK CIR</b>	1. STREET ADDRESS	<b>152 W. Granada Blvd.</b>
CITY, ST, ZIP	<b>PORT ORANGE FL 32127</b>	1. CITY, ST, ZIP	<b>Ormond Beach, FL 32174</b>
TITLE		2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY, ST, ZIP		2. CITY, ST, ZIP	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		3. CITY, ST, ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1.191(2)(b), Florida Statutes. I further certify that the information included 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 removal or restoration empowered by statute to file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13 if attached to or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/95 904-672-9563