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Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

# **FILED** Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90003 042 \*\*\*150.00

## 

### DOCUMENT # H31026

1. Corporation Name

Principal Place of Rusiness

HI-TECH ASSISTANCE CORP.

2990 GRIFFIN I							
2990 GRIFFIN ROAD FT. LAUDERDALE FL 33312-5653		2990 GRIFFIN ROAD FORT LAUDERDALE FL 333	312		·		
US		US	• • •		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					11/21/1984		
2 Principal P	lace of Business	2a. Mailing Address			The state of the s		
<del></del>	lace of business	<u> </u>					
21	46 _ 4 _	26			59-2527425 Not Applii		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Addition Fee Required		
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May B		
23		- 28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cou	ntrv	This corporation owes the current year Intangible		
24	25	29	30	,	Personal Property Tax.	-	
24	9. Name and Address of Current		30		10. Name and Address of New Registered Agent		
	5. Name and Address of Current	Registered Agent		81 Name			
JAC	OBS, ROY			OI Name			
1130 NW 93RD RD TERRACE				82 Street	t Address (P.O. Box Number is Not Acceptable)		
PLAI	NTATION FL 33322			83			
				84 City	FL 85 Zip Code		
					· · · · · · · · · · · · · · · · · · ·		
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statute of Florida, Such change was a	es, the all	pove-named by the corn	d corporation submits this statement for the purpose of changing its register poration's board of directors. I hereby accept the appointment as registered	ered (	
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Flor	rige Stat	ites.	,	"	
SIGNATURE	CK04JAcohs	/ 9	(a)	ord	0//05/95		
O.O.O.O.O.C.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	. Registered	Agent signature	required when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	/ 1/8.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
TITLE	PSD	☐ DELETE	(Jam	LE	Change A	ddition	
TITLE NAME		☐ DELETE	1.1 TIT 1.2 NA		☐ Change ☐ A		
NAME	JACOBS, ROY	☐ DELETE	1.2 NA	ME	,		
NAME STREET ADDRESS	JACOBS, ROY 1130 NORTHWEST 93RD TERR	□ DELETE	1.2 NA 1.3 ST	ME REET ADDRESS	,		
NAME STREET ADDRESS CITY-ST-ZIP	JACOBS, ROY 1130 NORTHWEST 93RD TERR PLANTATION FL	_	1.2 NA 1.3 ST 1.4 CF	ME REET ADDRESS 'Y-ST-ZIP		addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	JACOBS, ROY 1130 NORTHWEST 93RD TERR PLANTATION FL TD	□ DELETE	1.2 NA 1.3 ST 1.4 CF 2.1 TR	ME REET ADDRESS 'Y-ST-ZIP LE			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	JACOBS, ROY 1130 NORTHWEST 93RD TERR PLANTATION FL TO JACOBS, PHYLLIS	_	1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA	ME REET ADDRESS Y-ST-ZIP LE ME	☐ Change ☐ A	addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	JACOBS, ROY 1130 NORTHWEST 93RD TERR PLANTATION FL TD JACOBS, PHYLLIS 1130 NORTHWEST 93RD TERR	_	1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA	ME REET ADDRESS 'Y-ST-ZIP LE	☐ Change ☐ A	addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	JACOBS, ROY 1130 NORTHWEST 93RD TERR PLANTATION FL TO JACOBS, PHYLLIS	, 🗍 DELETE	1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST	ME REET ADDRESS Y-ST-ZIP LE ME	☐ Change ☐ A	ddition	
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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 or any attention with an address, with all other like empowered. attachment with an address, with all other like empowered.

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #