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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J38908

1. Corporation Name

HITECH PRODUCTS, INC.

FILED Feb 17, 1999 8:00am Secretary of State

02-17-1999 90093 008 ***150.00

TRICOIL	111000010, 1110.					.			
Principal Plac	e of Business	Mailing Address			1 (SENIE SIGE III)			#11 #1 # 11 #1#11 1##1	
4917 HARTFORD STREET TAMPA FL 33619		4917 HARTFORD STREET TAMPA FL 33619							
US		US			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Q 10/21/1986	ualifed		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	•		Applied For
21		26				59-2873347			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status De	red			
City & State		City & State			6. Election Campaign Fin	ancing	\$5.0	0 May Be	
23		28				Trust Fund Contribution	-		ed to Fees
Zip	Country	Zìp	C	ountry		8: This corporation owes	the current year	Intangible	
24	25	29	30			Personal Property Tax.		☐Yes	No
	9. Name and Address of Curre	nt Registered Agent		,		10. Name and Address of	f New Register	ed Agent	
505				81	Name	•			1
	DD, DAVID E.			82	Street Add	dress (P.O. Box Number is Not.	Acceptable)		
1315 ALBAMBRA DRIVE							e i kwajieja	. swiet ig	er, gryte geset gett.
APU	OLLO BEACH FL 33572			83					
				84	City	46 THE 9 TO 1 HOUSE	<u> </u>	85 Z	p Code
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State um familiar with, and accept the obligations are supported to the control of the provision of the provisions of the provis	of Florida. Such change was a	authoriza	ed by	the corporal	rporation submits this statement tion's board of directors. I hereb	for the purpose y accept the ap	of changing pointment as	its registered registered
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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 chapter, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Davtime Phone #

32E034 (11/98)