

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

**FILED**  
**Apr 18 1997 8:00am**  
**Secretary of State**



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

**DOCUMENT # K81276 (3)**

**1. Corporation Name**  
**HI TECH BALLASTS, INC.**



**Principal Place of Business**  
 8561 N.W. 68TH ST.  
 MIAMI FL 33166

**Mailing Address**  
 8561 NW 68 ST  
 MIAMI FL 33166-2664  
 US

**3. Date Incorporated or Qualified** 04/13/1989  
**3a. Date of Last Report** 06/17/1996

**4. FEI Number** 65-0189153  
 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

**2. Principal Place of Business**  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

**2a. Mailing Address**  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

**9. Name and Address of Current Registered Agent**  
**ROBBINS, ROBERTA E.**  
 1320 S. DIXIE HIGHWAY  
 SUITE 870  
 CORAL GABLES FL 33148

**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 accept the obligations of, Section 607.0505, Florida Statutes.**

**SIGNATURE**  
 Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PST	<input type="checkbox"/> DELETE
NAME	ROBBINS, STUART	
STREET ADDRESS	1100 SAN PEDRO AVENUE	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBBINS, STUART	
STREET ADDRESS	1100 SAN PEDRO AVENUE	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

**14. I do 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 in an attachment with an address.**

**SIGNATURE:**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)