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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:19

DOCUMENT # N93000003949 (5)

1. Corporation Name
HI-TECH COUNCIL OF SARASOTA AND MANATEE COUNTIES , INC.

Principal Place of Business	Mailing Address
2201 CANTU CT #116 SARASOTA FL 34232	4060 ROBERTS PT RD SARASOTA FL 34242

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/31/1993
3a. Date of Last Report: 08/15/1994
4. FEI Number: 65-0451704 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ ~~$68.75~~ Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

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

9. Name and Address of Current Registered Agent

BACH, BABETTE BRYAN ESQ.
4060 ROBERTS POINT RD.
SARASOTA FL 34242

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	V.P.C.	☐ Change ☑ Addition
NAME	KORCHEK, STEPHEN J DR.	1.2 NAME	Peter Yates	
STREET ADDRESS	5840 26TH STREET WEST	1.3 STREET ADDRESS	1718 Main Street	
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	Sarasota, Fl 34236	
TITLE	SVD	2.1 TITLE	M.V.D.	☐ Change ☑ Addition
NAME	BACH, BABETTE B ESQ	2.2 NAME	Ralph Radtke	
STREET ADDRESS	4060 ROBERTS POINT ROAD	2.3 STREET ADDRESS	P.O. Box 49946	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, Fl 34230	
TITLE	~~T~~ T	3.1 TITLE	T.D.	☑ Change ☐ Addition
NAME	~~ROBERTS, JAMES~~	3.2 NAME	THOMAS RAY	
STREET ADDRESS	~~2201 CANTU COURT SUITE 116~~	3.3 STREET ADDRESS	240 So Pineapple Ave	
CITY-ST-ZIP	~~SARASOTA FL~~	3.4 CITY-ST-ZIP	Sarasota, Fl 34236	
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	DEROSE, RODGER L	4.2 NAME		
STREET ADDRESS	2805 FRUITLAND ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	RAY, THOMAS N	5.2 NAME		
STREET ADDRESS	240 S PINEAPPLE AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	MICHALSON, GORDON E JR	6.2 NAME		
STREET ADDRESS	5700 N. TAMIAMI TRAIL	6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DIRECTOR 2-9-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Mylene) Phone #

0003870