

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000003949 (5)

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



Principal Place of Business 2201 CANTU CT #116 SARASOTA FL 34232		Mailing Address 4060 ROBERTS PT RD SARASOTA FL 34242	
2. Principal Place of Business 21 1729 Loma Linda		2a. Mailing Address 26 PO Box 49946	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State Sarasota, FL		28 City & State Sarasota, FL	
24 Zip 34239		29 Zip 34230	
25 Country		30 Country	
3. Date Incorporated or Qualified 08/31/1993		3a. Date of Last Report 02/22/1995	
4. FEI Number 65-0451704		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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			
81 Name JOHN L. MOORE				82 Street Address (P.O. Box Number is Not Acceptable) 200 S. Orange Avenue			
83				84 City SARASOTA			
				85 State FL		86 Zip Code 34236	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [Signature] DATE: **8/7/96**
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORCHEK, STEPHEN J DR.	1.2 NAME	
STREET ADDRESS	5840 28TH STREET WEST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SVD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	BACH, BABETTE B ESQ	2.2 NAME	
STREET ADDRESS	4060 ROBERTS POINT ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	RAY, THOMAS	3.2 NAME	
STREET ADDRESS	240 S. PINEAPPLE AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAY, THOMAS N	5.2 NAME	VD
STREET ADDRESS	240 S PINEAPPLE AVENUE	5.3 STREET ADDRESS	Ralph H. Radtke
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	PO Box 49946
	<i>Please note this is a duplicate of 3rd name above</i>		Sarasota, FL 34230
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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: [Signature] **RALPH H. RADTKE** DATE: **8/7/96** DAYTIME PHONE #: **(941) 953-9482**

CR2E037 (3/96)