

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000081247 (7)**

1. Corporation Name

HIGH-END SYSTEMS, INC.



Principal Place of Business

**8348 STATE ROAD 84
DAVIE FL 33324
US**

Mailing Address

**8348 ST. ROAD 84
DAVIE FL 33324
US**

2. Principal Place of Business

21 **1912 UNIVERSITY DRIVE**

Suite, Apt. #, etc.

22 **SUITE 108**

City & State

23 **DAVIE FL**

Zip

24 **33324**

Country

25 **USA**

2a. Mailing Address

26 **554 WESTREE LANE**

Suite, Apt. #, etc.

27

City & State

28 **PLANTATION FL**

Zip

29 **33324**

Country

30 **USA**

3. Date Incorporated or Qualified

11/19/1993

3a. Date of Last Report

04/28/1995

4. FEI Number

65-0452209

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

9. Name and Address of Current Registered Agent

**TOPRES, RONALD R
1880 N. UNIVERSITY DR.
PLANTATION FL 33322**

10. Name and Address of New Registered Agent

81 Name

THOMAS OROZCO

82 Street Address (P.O. Box Number is Not Acceptable)

1886 N. UNIVERSITY DR.

83

PLANTATION, FL 33322

84 City

PLANTATION, FL 33322

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.002 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]

4/30/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **BO MATHEWS, JULIAN P**
STREET ADDRESS **554 WESTREE LANE**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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

SIGNATURE: **JULIAN P. MATHEWS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Date

(954) 476-9383

Daytime Phone #

CR2E034 (12/95)