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Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000089897 (0)
1. Corporation Name
HIGH TOUCH-HIGH TECH OF GREATER ATLANTA, INC.



Principal Place of Business: P.O. BOX 9737, CORAL SPRINGS FL 33075
Mailing Address: P.O. BOX 9737, CORAL SPRINGS FL 33075-9737

3. Date Incorporated or Qualified: 12/12/1994
3a. Date of Last Report: 04/03/1996

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)
4. FEI Number: 65-0554037
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: IACHETTA, RICHARD, 5920 N.W. 61 MANOR, PARKLAND FL 33067
10. Name and Address of New Registered Agent (81) Name (82) Street Address (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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS IACHETTA, RICHARD N 5920 NW 61 MANOR PARKLAND FL 33067	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IACHETTA, RICHARD N	1.2 NAME	
STREET ADDRESS	5920 NW 61 MANOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL 33067	1.4 CITY-ST-ZIP	
TITLE	V IACHETTA, HELENE M 5920 NW 61 MANOR PARKLAND FL 33067	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IACHETTA, HELENE M	2.2 NAME	
STREET ADDRESS	5920 NW 61 MANOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL 33067	2.4 CITY-ST-ZIP	
TITLE	T IACHETTA, DIANNE L 5920 NW 61 MANOR PARKLAND FL 33067	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IACHETTA, DIANNE L	3.2 NAME	
STREET ADDRESS	5920 NW 61 MANOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL 33067	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Richard N. Iachetta* RICHARD N. IACHETTA
DATE: 2/4/97 754-753-5885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)