

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

FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000017451 (2)**

1. Corporation Name  
**HIGHTEC TECHNOLOGIES, INC.**

Principal Place of Business  
**10140 S.W. 16TH PLACE  
DAVIE FL 33324**

Mailing Address  
**10140 S.W. 16TH PLACE  
DAVIE FL 33324-7409**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/02/1995</b>		3a. Date of Last Report <b>03/19/1996</b>	
21		26		4. FEI Number <b>APPLIED FOR 65-0564827</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
9. Name and Address of Current Registered Agent <b>AMIR, OFER M 8751 W. BROWARD BLVD. SUITE 305 PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REDDY, SUDHAKER C</b>	1.2 NAME	
STREET ADDRESS	<b>10140 S.W. 16TH PLACE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DAVIE FL 33324</b>	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REDDY ALLA, RAVIKUMAR</b>	2.2 NAME	
STREET ADDRESS	<b>10140 S.W. 16TH PLACE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DAVIE FL 33324</b>	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REDDY ALLA, MADHUSDHAN</b>	3.2 NAME	
STREET ADDRESS	<b>10140 S.W. 16TH PLACE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DAVIE FL 33324</b>	3.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REDDY ALLA, RAGHUNATHA</b>	4.2 NAME	
STREET ADDRESS	<b>10140 S.W. 16TH PLACE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DAVIE FL 33324</b>	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REDDY ALLA, SARAJINI</b>	5.2 NAME	
STREET ADDRESS	<b>10140 S.W. 16TH PLACE</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DAVIE FL 33324</b>	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REDDY, A.V.K.</b>	6.2 NAME	
STREET ADDRESS	<b>10140 S.W. 16TH PLACE</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DAVIE FL 33324</b>	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 on an attachment with an address.

SIGNATURE: *Reddy Alla Ravikumar* **REDDY ALLA** 4-22-97 609 799-7087  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)