

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

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**

**FILED**  
**Sep 24 1998 8:00am**  
**Secretary of State**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/02/1995</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0564827</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**AMIR, OFER M  
8751 W. BROWARD BLVD.  
SUITE 305  
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PST</b> <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	<b>VD</b> <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	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REDDY ALLA, MADHUSHDHAN</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	<b>VD</b> <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	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REDDY ALLA, SAROJINI</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	<b>D</b> <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 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:

*[Signature]*

9-13-98

CR2E034 (5/98)