

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 # P95000050669 (7)

1. Corporation Name

HI-TECH MANUFACTURING CORP.



Principal Place of Business

2898 NEWFOUND HARBOR DR
MERRITT ISLAND FL 32952

Mailing Address

2898 NEWFOUND HARBOR DR
MERRITT ISLAND FL 32952

3. Date Incorporated or Qualified 06/27/1995
3a. Date of Last Report

2. Principal Place of Business
21 750 C Mullet Dr.

2a. Mailing Address
26 Same

4. FEI Number 59-3323261
Applied For Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State
Cape Canaveral, Florida

28 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 32920
25 Country Brevard

29 Zip
30 Country

8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

HATTAWAY, DAVID
2898 NEWFOUND HARBOR DR
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name Same
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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Jason M. Hattaway*

Jason M. Hattaway, President

5/30/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HATTAWAY, DAVID	
STREET ADDRESS	2898 NEWFOUND HARBOR DR	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P & D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Jason M. Hattaway	
13 STREET ADDRESS	3651 N. Golderod Rd. C210	
14 CITY-ST-ZIP	Winter Park, FL 32792	
21 TITLE	D & V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	David W. Hattaway	
23 STREET ADDRESS	2898 Newfound Harbor Dr.	
24 CITY-ST-ZIP	Merritt Island, FL 32952	
31 TITLE	D & S & T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	David A. Hattaway	
33 STREET ADDRESS	2898 Newfound Harbor Dr.	
34 CITY-ST-ZIP	Merritt Island, FL 32952	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: *Jason M. Hattaway* Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/96 407-799-8179
DATE DAY/TIME PHONE #

CR2E034 (12/95)