

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

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**Apr 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000050669 (7)
1. Corporation Name
HI-TECH MANUFACTURING CORP.



Principal Place of Business: **750 C MULLET DR CAPE CANAVERAL FL 32920 US**

Mailing Address: **2898 NEWFOUND HARBOR DR MERRITT ISLAND FL 32952-2864**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	06/27/1995	06/04/1996
22	City & State	27	City & State	4. FEI Number	Applied For or Not Applicable
23	Zip	28	Zip	59-3323261	
24	Country	29	Country	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HATTAWAY, DAVID 2898 NEWFOUND HARBOR DR MERRITT ISLAND FL 32952		81 Name	Jeffrey G. Thompson, P. A.
		82 Street Address (P.O. Box Number is Not Acceptable)	Suntree Station, Suite 104
		83	7025 North Wickham Road
		84 City	Melbourne FL
		85 Zip Code	32940

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: *Jeffrey G. Thompson* **Jeffrey G. Thompson** **4/08/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JASON M. HATTAWAY	1.2 NAME	
STREET ADDRESS	3651 N GOLDENROD RD, C210	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID W. HATTAWAY	2.2 NAME	
STREET ADDRESS	2898 NEWFOUND HARBOR DR	2.3 STREET ADDRESS	David W. Hattaway
CITY-ST-ZIP	MERRITT ISLAND FL	2.4 CITY-ST-ZIP	560 Jacaranda Dr.
TITLE	DST	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID A. HATTAWAY	3.2 NAME	DST Jason M. Hattaway
STREET ADDRESS	2898 NEWFOUND HARBOR DR	3.3 STREET ADDRESS	3651 Goldenrod Road #C-210
CITY-ST-ZIP	MERRITT ISLAND FL	3.4 CITY-ST-ZIP	Winter Park, FL 32792
TITLE		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		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		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 on an attachment with an address

SIGNATURE: *[Signature]* **2/11/97** **407-784-0984**

CR2E034 (9/96)