

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

0363688

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90248 019 ***150.00

DOCUMENT # P95000054978

1. Corporation Name

HIGH-TECH FINANCIAL SERVICES, INC.



Principal Place of Business

**7601 N FEDERAL HWY
SUITE 240A
BOCA RATON FL 33487
US**

Mailing Address

**7601 N FEDERAL HWY
SUITE 240A
BOCA RATON FL 33487
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1995

4. FEI Number

65-0621173

Applied For

Not Applicable

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1301 N. Congress Ave.

Suite, Apt. #, etc.

22 Suite 340

City & State

23 Boynton Beach, FL

Zip

24 33426

Country

25 US

2a. Mailing Address

26 1301 N. Congress Ave.

Suite, Apt. #, etc.

27 Suite 340

City & State

28 Boynton Beach, FL

Zip

29 33426

Country

30 US

9. Name and Address of Current Registered Agent

**GENA, SUSAN H
7601 N FEDERAL HWY
SUITE 240A
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1301 N. Congress Ave.

83 Suite 340

84 City **Boynton Beach**

FL

85 Zip Code
33426

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

TITLE **PSTD** ☐ DELETE
NAME **GENA, SUSAN H**
STREET ADDRESS **7601 N FEDERAL HWY, SUITE 240A**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **1301 N. Congress Ave, Suite 340**
1.4 CITY-ST-ZIP **Boynton Beach, FL 33426**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: *Susan H Gena* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-99

561-742-1212

Date

Daytime Phone #

CR2E034 (11/98)