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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000094915 (2)

1. Corporation Name

Hi-TECH CONSULTING SERVICES, INC.

Principal Place of Business

100 MANDARIN ROAD  
WINTER GARDEN FL 32787

Mailing Address

100 MANDARIN ROAD  
WINTER GARDEN FL 34787-3801

2. Principal Place of Business

21 209 Sunset Blvd

Suite, Apt. #, etc.

26 Mailing Address

26 209 Sunset Blvd

Suite, Apt. #, etc.

22 City & State

23 Key Largo FL

Zip

24 33037

Country

25 Monroe

27 City & State

28 Key Largo FL

Zip

29 33037

30 County

30 Monroe

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEMS  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81

82

83

84

Name

Street Address

(P.O. Box Number is not acceptable)

City

M. R. COLES

209 Sunset Blvd

FL 33037

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 607.0509, Florida Statutes.

SIGNATURE

*M. R. Coles*

*M. R. Coles President*

1/14/97

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	P	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	MARSHALL R. COLES		1.2 NAME
STREET ADDRESS	100 MANDARIN RD		1.3 STREET ADDRESS
CITY-ST-ZIP	WINTER GARDEN FL		1.4 CITY-ST-ZIP
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	MICKI B. COLES		2.2 NAME
STREET ADDRESS	100 MANDARIN RD		2.3 STREET ADDRESS
CITY-ST-ZIP	WINTER GARDEN FL		2.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
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 by or in attachment with an addendum.

SIGNATURE:

*M. R. Coles President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/97 305-453-9729

Date

Daytime Phone #

CR2E034 (9/96)