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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P97000023960

HI-TECH	1 SYSTEMS, INC						
Principal Plac	e of Business	Mailing Address			- I IRDIARDI AID IRIIL ADDAN DOLAN BARAN BAN		41 <b>0 0</b> 3144 <b>00</b> 41 1 <b>08</b> 1
10097 CLEARY		10097 CLEARY BLVD			•		,
SUITE 321 SUITE 321							
PLANTATION FL 33324 PLANTATION FL 33324					DO NOT WRITE IN	THIS SPACE	
US		US			3. Date Incorporated or Qualifed		
	1.5				03/10/1997		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21	·	26			65-0748322		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		,	5. Certificate of Status Desired	•	Additional Required
City & Stat	te	City & State			6. Election Campaign Financing	\$5.0	<b>0</b> мау Ве
23		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current ye	ar Intangible	
24	25	29	30		Personal Property Tax.	☐ Yes	No
<del></del>	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Regist	ered Agent	
шро	SCH, LAWRENCE	S. C. S.	81	Name			
1009	97 CLEARY BLVD #321		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	TE 171		83	<u> </u>		N. 1 . 1 . 1 . 1 . 2 . 3 . 4 .	Renier in
PLAI	NTATION FL 33324						法的關係
	•		84	City		FL  85   Zip	o Code
office or r	registered agent, or both, in the State o um.familiar with, and accept the obligat	of Florida. Such change was a tions of Section 607.0505. Flo	authorized by	the corporation	on's board of directors. I hereby accept the	appointment as	registered
SIGNATURE		t and title if applicable. (NOTE			d when reinstating) '3.3. DA ADDITIONS/CHANGES TO OFFICER		ORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	E: Registered Agen		Vara 1 -		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE	E: Registered Agen		Vara 1 -	RS AND DIRECT	
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	E: Registered Agent 13. 1.1 TITLE	nt signature required	Vara 1 -	RS AND DIRECT	
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS ANI D HIRSCH, LAWRENCE 10097 CLEARY BLVD	t and title if applicable. (NOTE	E: Registered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature required	Vara 1 -	RS AND DIRECT	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI D HIRSCH, LAWRENCE	t and title if applicable. (NOTE	E: Registered Agent 13. 1.1 TITLE 1.2 NAME	nt signature required	Vara 1 -	RS AND DIRECT	e ☐ Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI D HIRSCH, LAWRENCE 10097 CLEARY BLVD PLANTATION FL 33324 D	t and title if applicable. (NOTE D DIRECTORS DELETE	E: Registered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	nt signature required	Vara 1 -	RS AND DIRECT	e ☐ Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered agent OFFICERS ANI D HIRSCH, LAWRENCE 10097 CLEARY BLVD PLANTATION FL 33324 D HIRSCH, PHYLLIS	t and title if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	nt signature requires	Vara 1 -	RS AND DIRECT	e ☐ Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI D HIRSCH, LAWRENCE 10097 CLEARY BLVD PLANTATION FL 33324 D HIRSCH, PHYLLIS 10097 CLEARY BLVD	t and title if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET	T ADDRESS T-ZIP	Vara 1 -	RS AND DIRECT	e ☐ Addition
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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 of 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 an attachment with an address, with all other like empowered.

SIGNATURE: