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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000011487

1. Corporation Name

HITECH 2000, INC.

## FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90054 004 \*\*\*150.00

Principal Place	e of Business	Mailing Address		_		-{		î î i i î î î î î î î î î î î î î î î	18111 (BOI 180)
9081 NW 11 ST		8081 NW 11 STREET #F	=						
MARGATE FL 33063 MARGATE FL 33063									
						DO NOT WRITE IN	I THIS S	PACE	
						3. Date Incorporated or Qualifed 02/04/1998			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		App	ofied For
21		26				59-34924	<u> 40</u>	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A	
22		27					· ~ ~~	Fee Re	-
City & State	e .	City & State				6. Election Campaign Financing		\$5.00	
23		28		4		Trust Fund Contribution		Added to	rees
<del></del>	Zip Country Zip			intry		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes    ☐ No			
24	9. Name and Address of Curren	29 Agent	30			10. Name and Address of New Regis		=	
	g. Name and Address of Curren	it Vedisteren wäerr		81 N	lame 🖚			<u> </u>	
FLOR	RES.(ENIGDIO) JR				1	lores, Emigdia	<u> </u>	_	
	NW 11 STREET #F			82 S	Street Addre	ess (P.O. Box Number is Not Acceptable)			
l	GATE FL 33063			83		3ame/			
								_	
				84 C	City		FL	85 Zip C	ode
11 Pursuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Sta	tutes, the al	hove-na	amed corpo	pration submits this statement for the purp	ose of ci	hanging its	registered
l office or n	egistered agent, or both, in the State	of Florida. Such change was	s authorized	by the	corporation	n's board of directors. I hereby accept the	appoint	ment as reg	jistered
agent, I a	m familiar with, and accept the obliga	tions of, Section 607.0505, F	riorida Statt	utes.					
SIGNATURE									
	Signature, typed or printed name of registered age:	nt and title if applicable. (NO	DTE: Registered	Agent sig	nature required	when reinstating)	ATE	_	
12.	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NO ID DIRECTORS	DTE: Registered	l Agent sig	nature required	when reinstating) DADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12
		,,,			gnature required		RS AND	DIRECTO:	RS IN 12
12.	OFFICERS AN	ID DIRECTORS	13.	TLE	nature required		RS AND		
12.	OFFICERS AN	ID DIRECTORS	13. 1.1 TII 1.2 NA	TLE			RS AND		
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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 chapter 607, or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99

904977 KJ KY Daytime Phone #