

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
BUREAU OF CORPORATIONS

FILED

1995 JUL 27 AM 10:18

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **S45586** (2)
1. Corporation Name
HITECH COMMUNICATIONS, INC.

Principal Place of Business Mailing Address
9430 SADDLEBROOK DRIVE BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **04/16/1991** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0256162** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **9430 SADDLEBROOK DR** 26 **SAME**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **1** 27
City & State City & State
23 **BOCA RATON, FL** 28
Zip Country Zip Country
24 **33486** 25 **FL** 29

9. Name and Address of Current Registered Agent
ASARCH, STEVEN J
5355 TOWN CENTER ROAD
CROCKER PLAZA/SUITE 801
BOCA RATON FL 33486

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title of agent office. (NOTE: Registered Agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	HOLLENBECK, STEVEN
STREET ADDRESS	9430 SADDLEBROOK DR
CITY - ST - ZIP	BOCA RATON FL
TITLE	D
NAME	HOLLENBECK, PATRICIA
STREET ADDRESS	9430 SADDLEBROOK DR
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Steven J. Hollenbeck* **STEVE J. HOLLENBECK** **7-24-95** **407 487-3756**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR