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

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name S45586

(2)

Principal Place of Business

HI-TECH COMMUNICATIONS, INC.

**Mailing Address** 



9430 SADDLEBROOK DRIVE BOCA RATON FL 33496		9430 SADDLEBROOK DHIVE BOCA RATON FL 33496			3. Date Incorporated or Qualified	3a. Date			
						04/16/1991	07,	127/1	
2. Principal Pi	lace of Business	2a. Mailing Addres	ss			4. FEI Number			Applied For
4		26			65-0256162			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apl. #, etc.			5. Certificate of Status Desired		<b>-</b>	75 Additional	
22		27							ee Required
City & Stat	le	City & State				6. Election Campaign Financing			.00 May Be
23		28				Trust Fund Contribution			
Zip	Country	Zip	ļ <u>-</u>	Country		8. This corporation has liability for Florida Statutes  Yes	Intangible tal	cunde	# S 199.032,
24	25	29		30		10. Name and Address of New F		aent	
	9. Name and Address of Curre	nt Registered Agent		81	Name	U. Name and Address of New 1	iogiotorea r	.90	
				01					
ASARC	H, STEVEN J			82	Street Add	iress (P.O. Box Number is Not Acceptat	ole)		
5355 TO	OWN CENTER ROAD			83					
CROCK	KER PLAZA/SUITE 801			63					
	RATON FL 33486			84	City			85	Zip Code
					L	oration submits this statement for the pu and of directors. I hereby accept the app	FL mana of cha	noine	ite registered offe
SIGNATURE	Signature, typed or printed name of registerous;	int and title if applicable.		istered Age	nt signature requir	red when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRE	CTORS IN 12
12.	·	ND DIRECTORS		1. 1 TITLE				Cha	
TITLE	D HOLLENDEON STEVEN			1.2 NAME					
NAME	HOLLENBECK, STEVEN				T ADDRESS				
STREET ADDRESS			- 1	1.4 CITY-1					
CITY-ST-ZIP	BOCA RATON FL	☐ DEL	ETE	2. 1 TITLE	<u> </u>			Cha	nge 🔲 Addition
TITLE	D HOLLENBECK, PATRICIA	L., 550	L	2.2 NAME					
NAME CARRET ADDOSES	A LAS DARRIEDROOM DO		•	2.3 STREE	I ADDRESS				
STREET ADDRESS CITY-ST-ZIP	BOCA RATON FL			2.4 CITY-					
TITLE	DOOR INTOIT TE	DEL	ETE	3 1 TITLE			[	Cha	ange 🔲 Addition
NAME		_		32 NAME					
STREET ADDRESS	s			3.3 STRE	et address				
CITY-\$1-ZIP				3.4 CITY	ST-ZIP .				FO Address
TITLE		DEL	ETE	4. 1 1111.				Cha	ange 🗀 Addition
NAME				4.2 NAME	į				
STREET ADDRES	s			4.3 STREE	ET ADDRESS				
CITY-ST-ZIP				4.4 CITY				<u> </u>	ange
TITLE		☐ DEU	LETE	5. 1 HTU				□ Ch	ange [] Addition
NAME				52 NAME					
STREET ADDRES	ss			5.3 STRE	ET ADDRESS				
CITY-ST-ZIP				5.4 CITY				r⊤ ch	ange 🗍 Additio
TITLE		☐ DE	LETE	6 1 TITE				니	istide 🗖 Wootdoo
NAME				6.2 NAM	E				
STREET ADDRES	ss			6.3 STRE	ET ADDRESS				
1				6.4 CITY	- S1 - ZIP				

14. I do horeby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 certify 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 13 if changed, or on an attachment with an address.

SIGNATURE:

\*\*A-22-96\*\* (467) 487-3756\*\*

\*\*A-22-96\*\* (467) 487-

SIGNATURE:

CR2E034 (12/95)