FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

DOCUMENT # **S82721** **(9)**

1. Corporate Name
HIGH TECH DME, INC.

Principal Place of Business
10800 N. MILITARY TRAIL
SUITE 107
PALM BEACH GARDENS FL 33410

Mailing Address
10800 N. MILITARY TRAIL
SUITE 107
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1991
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business — 21 — Suite, Apt. #, etc. — 22 — City & State — 23 — Zip — 24 — County — 25
2a. Mailing Address — 26 — Suite, Apt. #, etc. — 27 — City & State — 28 — Zip — 29 — County — 30

4. FEI Number: 65-0286653 — 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
LARKIN, THOMAS J.
26 CAMBRIA DRIVE WEST
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, 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 and in connection therewith, the corporation's board of directors, I hereby accept the appointment as registered agent. I am familiar with and hereby accept the duties and responsibilities of registered agent under Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LARKIN, THOMAS J.
STREET ADDRESS	26 CAMBRIA DRIVE WEST
CITY ST ZIP	PALM BEACH GRDNS FL
TITLE	D
NAME	LARKIN, MIMI K.
STREET ADDRESS	26 CAMBRIA DRIVE WEST
CITY ST ZIP	PALM BEACH GRDNS FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (☐ Change ☐ Add)

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 with an adjacent title of officer or director.

Mimi Larkin

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/95 1-800-300-2323
DATE

0240779 CP