	PROFIT PPORATION UAL REPORT 1996			ra B. Mortn etary of Sta	iami ate			
DOCUMENT # S82721 1. Corporation Name			(9)					
HIGH	TECH DME, INC.					I NEGITETO LORI DELLA CONTRA CONTRA CONTRACTORIO	ÎI IIÎI ÎIRI BI	TIK AKAN ANAN BUAN AKAN IPAN
Principal Place	e of Business	 M	lailing Address					
SUITE 107	ILITARY TRAIL H GARDENS FL 33410		10000 N. MILITARY T SUITE 107 PALM BEACH GARDE	-	10			
						3. Date Incorporated or Qualified 09/26/1991		e of Last Report 5/01/1995
2. Principal P	lace of Business	1	. Mailing Address	·		4. FEI Number		Applied For
Suite, Apt.	#, etc	26	Suite Apt. #, etc.			65-0286653		Not Applicable
City & State	A.	27				5. Certificate of Status Desired		\$8.75 Additional Fee Required
3	e	28	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Z _i ρ Π	Country 25	29	Zφ	30 Co	untry	8. This corporation has liability for Florida Statutes	intangible ta	
	9. Name and Address of Current		tered Agent	1301	T.	10. Name and Address of New F	-	Agent
	, Thomas J. Ibria Drive West IEACH Gardens Fl 33418				83	ress (P.O. Box Number is Not Acceptate		85 Zip Code
PALM 8	IBRIA DRIVE WEST IEACH GARDENS FL 33418 to the provisions of Sections 607,0502 and agent, or both, in the State of Flord, th, and accept the obligations of, Sections and accept the obligations of the obligations	and 60: a. Such on 607.0	7.1508, Florida Statu Change was author. 05:05, Florida Statufe	tes, the abo zed by the s	82 Street Addi 83	ress (P.O. Box Number is Not Acceptate Shelcelearche Car-	ر الا	3346
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I do hereby certify that the information supplied with this filting is voluntarily furnished and does not qualify for the exemption stated in Section 119 0/(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 oath; that I am an officer or director of the corporation or the receiver or trusted 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 arty-innent with an address

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Use:

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

3/36/96 407