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95 MAY -1 AM 8:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **V51883** (9)

1. Corporation Name  
**HIGH TOUCH - HIGH TECH, INC.**

Principal Place of Business Mailing Address

**8037 W. SAMPLE RD.  
STE A  
CORAL SPGS FL 33065  
US**

**8037 W. SAMPLE RD.  
STE A  
CORAL SPGS FL 33065  
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

21 **7908 Wiles Rd** 26 **7908 Wiles Rd**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 **Coral Springs, FL** 28 **Coral Springs, FL**

24 **33067** 25 **USA** 29 **33067** 30 **USA**

3. Date Incorporated or Qualified **07/20/1992** 3a. Date of Last Report **07/26/1994**

4. FEI Number **65-0345812** 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

9. Name and Address of Current Registered Agent

**SHAW, DANIEL  
8133 NORTHWEST 6TH STREET  
CORAL SPRINGS FL 33071**

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 Sections 607, 608 and 607, 150, 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 understand, the provisions of the Florida Statutes.

SIGNATURE  DATE

(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAW, DANIEL</b>	1.2 NAME	
STREET ADDRESS	<b>1233 NW 89TH DR</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>DV</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAW, ELLEN M</b>	2.2 NAME	
STREET ADDRESS	<b>1233 NW 89TH DR</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 or authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or as an attachment with an address.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR