

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90157 038 ***158.75

05/70261

DOCUMENT # G75773

1. Corporation Name
TATATECH, INC.

Principal Place of Business

1001 W. HAINES ST
PLANT CITY FL 33566

Mailing Address

1001 W. HAINES ST
PLANT CITY FL 33566

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1983

4. FEI Number

59-2350255

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 owes the current year Intangible
Personal Property Tax.



Yes



No

9. Name and Address of Current Registered Agent

VENKITESWARAN, V
2908 FOREST CLUB DR
WALDEN LAKE
PLANT CITY FL 33567

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MCCLOSKEY, JOHN
STREET ADDRESS 2601 SCHORTZ AVE
CITY-ST-ZIP BRONX NY

TITLE D ☐ DELETE

NAME VENKITESWARAN, V
STREET ADDRESS 2908 FOREST CLUB DR
CITY-ST-ZIP PLANT CITY FL

TITLE D ☐ DELETE

NAME SETH, D.S.
STREET ADDRESS BOMBAY HOUSE, 24 HOMI
CITY-ST-ZIP BOMBAY, INDIA

TITLE D ☐ DELETE

NAME ASHCROFT, L. DERRICK
STREET ADDRESS PO BOX 1526 N/A
CITY-ST-ZIP TRUTH OR CONSEQUENCES NM

TITLE C ☐ DELETE

NAME KAVARANA, F.K.
STREET ADDRESS 24 HOMI MODI ST
CITY-ST-ZIP BOMBAY IN

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

UNATTESTED REQUIRED

4/13/99

813 754 2602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)