

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90029 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000037003

1. Corporation Name
ELTECH, INC.

Principal Place of Business 145 HORIZON COURT LAKELAND FL 33813	Mailing Address 145 HORIZON COURT LAKELAND FL 33813
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 19 Augusta Trail		2a. Mailing Address 26 138 Palm Coast PKY NE		3. Date Incorporated or Qualified 04/22/1998	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc. Suite 334		4. FEI Number 59-3517086	
23 City & State Palm Coast, FL		28 City & State Palm Coast, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 32137 Country USA		29 Zip 32137 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SPEED, JERRY D 145 HORIZON COURT LAKELAND FL 33813				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	President	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Edward W. Long			1.2 NAME			
STREET ADDRESS	19 Augusta Trail			1.3 STREET ADDRESS			
CITY-ST-ZIP	Palm Coast, FL 32137			1.4 CITY-ST-ZIP			
TITLE	Secretary/Treasurer	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Clariet J. Long			2.2 NAME			
STREET ADDRESS	19 Augusta Trail			2.3 STREET ADDRESS			
CITY-ST-ZIP	Palm Coast, FL 32137			2.4 CITY-ST-ZIP			
TITLE	Director	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Karen L. Anticoli			3.2 NAME			
STREET ADDRESS	1350 Seminary View Dr.			3.3 STREET ADDRESS			
CITY-ST-ZIP	Centerville, OH 45458			3.4 CITY-ST-ZIP			
TITLE	Director	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Susan K. Casey			4.2 NAME			
STREET ADDRESS	471 El Granada Blvd P.O. Box 2674			4.3 STREET ADDRESS			
CITY-ST-ZIP	El Granada, CA 94018-2674			4.4 CITY-ST-ZIP			
TITLE	Director	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Edward J. Long			5.2 NAME			
STREET ADDRESS	8561 Reserve Dr			5.3 STREET ADDRESS			
CITY-ST-ZIP	Poland, OH 44514-3381			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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 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: Edward W. Long **Edward W. Long** Date: **Feb. 3, 1999** Daytime Phone #: **904-447-1310**

CR2E034 (1/98)