

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90093 033 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000050455

1. Corporation Name
NEXTECH SOLUTIONS, INC.

Principal Place of Business 10502 SPRING HILL DR SPRING HILL FL 34609	Mailing Address 10502 SPRING HILL DR SPRING HILL FL 34609
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 06/01/1998	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2517913	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BASCIANO, FRANK A
10502 SPRING HILL DR
SPRING HILL FL 34609

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 34608

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

TITLE	Secretary	<input checked="" type="checkbox"/> DELETE
NAME	Delura Kinds father	
STREET ADDRESS	558 TROY IR	
CITY-ST-ZIP	Dayton, TN 37321	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JACK D. WOODALL	
1.3 STREET ADDRESS	35 WILKINSON DR.	
1.4 CITY-ST-ZIP	HANDENBURG, PA. 17350	
2.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FRANK R. BASCIANO	
2.3 STREET ADDRESS	11311 PICKFORD ST.	
2.4 CITY-ST-ZIP	SPRING HILL, FL 34609	
3.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MICHAEL L. THORAE	
3.3 STREET ADDRESS	24125 WESTMINSTER CT.	
3.4 CITY-ST-ZIP	BROOKVILLE, FL 34601	
4.1 TITLE	V.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RICHARD W. HOTAKISS	
4.3 STREET ADDRESS	6319 CRANBROOK ST.	
4.4 CITY-ST-ZIP	SPRING HILL, FL 34606	
5.1 TITLE	V.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RONALD W. HOTAKISS	
5.3 STREET ADDRESS	15470 MADDIE RD.	
5.4 CITY-ST-ZIP	BROOKVILLE, FL 34614	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ Date **4/28/99** 352- _____
 Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (1/198)