

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 02, 1999 8:00 am
Secretary of State

09-02-1999 90007 015 ***550.00

DOCUMENT # **F98000006134**

1. Corporation Name

C TECH RESOURCES INC.



Principal Place of Business Mailing Address
8280 PRINCETON SQUARE BLVD. WEST SUITE #6 **8280 PRINCETON SQUARE BLVD. WEST SUITE #6**
JACKSONVILLE FL 32256 **JACKSONVILLE FL 32256**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
1 2057 S. KIRKMAN ROAD 26 2057 S. KIRKMAN ROAD
Suite, Apt. #, etc. Suite, Apt. #, etc.
2 121 27 121
City & State City & State
3 ORLANDO FL 28 ORLANDO FL
Zip Country Zip Country
4 32811 25 32811 29 32811 30

3. Date Incorporated or Qualified

11/05/1998

4. FEI Number

59-3537333

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.



Yes



No

9. Name and Address of Current Registered Agent

SURAPENENI, PITCHESWARARAO
8280 PRINCETON SQUARE BLVD. WEST SUITE #6
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name **SURAPENENI PITCHESWARARAO**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **2057 S. KIRKMAN ROAD #121**

84 City **ORLANDO**

FL

85 Zip Code

32811

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

S. PITCHESWARARAO SURAPENENI, PITCHESWARARAO

8/29/99

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	PC	<input type="checkbox"/> DELETE
NAME	ALAPARTHY, SURESH	
STREET ADDRESS	8280 PRINCETON SQUARE BLVD. WEST SUITE #6	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	VCV	<input type="checkbox"/> DELETE
NAME	SURAPENENI, PITCHESWARARAO	
STREET ADDRESS	8280 PRINCETON SQUARE BLVD. WEST SUITE #6	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
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	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALAPARTHY, SURESH	
1.3 STREET ADDRESS	2057 S. KIRKMAN ROAD #121	
1.4 CITY-ST-ZIP	ORLANDO FL 32811	
2.1 TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SURAPENENI, PITCHESWARARAO	
2.3 STREET ADDRESS	2057 S. KIRKMAN ROAD #121	
2.4 CITY-ST-ZIP	ORLANDO FL 32811	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

4. 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.

SIGNATURE:

S. PITCHESWARARAO SURAPENENI, PITCHESWARARAO

8/29/99

407-532-7887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)