

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G75773 (3)

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**

3. Date Incorporated or Qualified: **12/22/1983**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2350255	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23	28	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country	24	25
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAMBA, SAVINDER P.
1001 W. HAINES ST Dr. ML King Blvd.
PLANT CITY FL 33566

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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: *Lamba* **SAVINDER P. LAMBA** DATE: **1/12/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLOSKEY, JOHN	1.2 NAME	KAVARANA, F.K.
STREET ADDRESS	2601 SCHORTZ AVE	1.3 STREET ADDRESS	24 HOMI MOBI ST
CITY-ST-ZIP	BRONX NY	1.4 CITY-ST-ZIP	BOMBAY, INDIA
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMBA, SAVINDER P.	2.2 NAME	KRISHNA KUMAR, R.K.
STREET ADDRESS	2102 GOLFVIEW DR.	2.3 STREET ADDRESS	1 BISHOP LBPROY RD
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	CALCUTTA, 700020, INDIA
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SETH, D.S.	3.2 NAME	
STREET ADDRESS	BOMBAY HOUSE, 24 HOMI	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOMBAY, INDIA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHCROFT, L. DERRICK	4.2 NAME	
STREET ADDRESS	PO BOX 1526 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	TRUTH OR CONSEQUENCES NM	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAVARANA, F.K.	5.2 NAME	
STREET ADDRESS	GOTTHARDSTRASSE 3, CH6300	5.3 STREET ADDRESS	
CITY-ST-ZIP	ZUG, SWITZERLAND	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAI, RABIN D. DR.	6.2 NAME	
STREET ADDRESS	2808 FOREST CLUB DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Lamba* **SAVINDER P. LAMBA** DATE: **1/12/96** 813-754 2602

CR2E034 (12/95)