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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # 1. Corporation Name K56559 (3)

GRANITE TECHNOLOGY, INC.

GRANITE TECHNI	OLUGY, INC.				
Principal Place of Business		Mailing Address		1 1001011 201 01110 2110 0111	
9760 WILD OAK DR WINDERMERE FL 34786		9760 WILD OAK DR. WINDERMERE FL 34786			
US		US		3. Date Incorporated or Qualified 01/01/1989	3a. Date of Last Report 07/13/1995
, Principal Place of Business		2a. Maring Address		4. FEI Number	Applied For
6355 Metro		26 6355 Metro	west Blu	d 59-2925307	Not Applicable
Suite. Apt. #, etc. 5tc 450		Suite Apt. #, etc 27 Stc 450		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Orlando, F	<i>-</i>	City & State 28 Orlando	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zio	Country	Zp 22.046	Country 30 USA	This corporation has flability for Florida Statutes	r intangible tax under s. 199.032. s. ∭No
32835 2	nd Address of Current	29 32835	30 034	10. Name and Address of New	
9760 WILD OAK DRI 1250 EOLA PARK C WINDERMERE FL 34 1. Pursuant to the provisor or registered agent, or b familiar with an Lagrept	ENTRE → N/A 1786	and 607.1508 Forda Statute a Such change tras alternize on 607.0505 Florida Statutes	83 84 Oty	Disterner Opporation submits this statement for the poporation of directors. I hereby accept the ap	FL 85 Zip Code
SIGNATURE Signature 19 401 7	protection of constructing to		is Rajobi al Agaster Jose	ADDITIONS/CHANGES TO OF	[A'E FICERS AND DIRECTORS IN 12
2.	OFFIOLRS AND	DEFECTORS DEFETE	13.	ADDITIONS/OFFANGES TO OF	Change Addition
TLE PD	KE, DEAN		1.2 NAME		
	LDOAK DR		1.3 STREET ADDRESS		
TY-ST-ZIF WINDER			14 CITY - S1 - 7.P		
īLĒ		DELETE	2 1 11/116		Change Addition
AME			2.2 NAME		
TREET ADDRESS			2.3 STHEET ADDRESS		
TV - ST - ZIP		[T] DELETE	2.4 C/TY - ST - Z.P 3.1 TPUE		☐ Change ☐ Additio
LE.			3.2 NAME		•
ME REET ADDRESS			3.3 STREET ADDRESS		
NEET ADDMESS TY-ST-ZIP			34 City - ST ZiF		
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TREET ADDRESS			4.3 STHEE! ADDRESS		
ITY-ST-ZIP		FTOCAL	4.4.01(Y - S1 - Z)P		Change Addition
TLE		☐ DELFTE	5 1 TITLE		D Silange C Modelle
AME			5.2 NAME		
TREET ADDRESS			5 3 STREET ADDRESS		
(TY-ST-ZIF		□ DELETE	5.4 CHY+S1+ZP 6.1 TifLE	·	Change Addition
ITLE			62 NAM'S		
IAMÉ			€3 STREET ADORESS		
STREET ADDRESS			EACIVIST 7.P		
CITY-ST-ZIP 14. I do hereby certify that certify that the informat oath, that I am an office appears in Block 12 or	on indicated on this alth enonglector of the cong	with this firing is voluntarily fun undepent or supplemental and wal on or the observer or truste on an attachment with an add	nished and dooe not at heal reports true and a ec op nowers to execu	Additional articles and the section 1 and the section 1 and that my signature shall have the this report as required by Chapter 607	19.07(3)(k), Florida Statutes. I further the same legal effect as if made und , Florida Statutes; and that my name

TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR