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Feb 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P20338

(0)

1. Corporation Name
GRANUTEC, INC.



Principal Place of Business
4409 NW AIRPORT DRIVE
WILSON NC 27893

Mailing Address
4409 NW AIRPORT DRIVE
WILSON NC 27896-6623

3. Date Incorporated or Qualified 08/03/1988	3a. Date of Last Report 05/01/1996
4. FEI Number 58-1477373	Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

CASS, LEONARD J.
700 SOUTHEAST THIRD AVENUE
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	
NAME	CARRIERO, JIM	1.2 NAME	
STREET ADDRESS	2543 AIRPORT DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HAMBURG NY	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	
NAME	MCCORMACK, ED	2.2 NAME	
STREET ADDRESS	30 NABLY CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SCARBOROUGH ON	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	
NAME	PITTMAN, LINDA	3.2 NAME	
STREET ADDRESS	2116 HERMITAGE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILSON NC	3.4 CITY-ST-ZIP	
TITLE	AT	4.1 TITLE	
NAME	FEENEY, JOHN	4.2 NAME	
STREET ADDRESS	LITTLE JOHN DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WILSON NC	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:

Linda Pittman
LINDA H. PITTMAN

1-20-97 919-291-00
Date Daytime Phone #

CR2E034 (9/96)