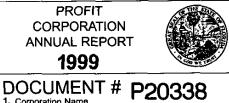
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name GRANUTEC, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90175 002 ***150.00



							—
Principal Place	e of Business	M	Mailing Address				
4409 NW AIRPORT DRIVE WILSON NC 27893			4409 NW AIRPORT DRIVE WILSON NC 27893				DO NOT WRITE IN THIS SPACE
							Date Incorporated or Qualifed
							08/03/1988
2 Principal D	lace of Rusiness	72	Mailing Address				4. FEI Number Applied For
Principal Place of Business			26. Mailing Address				56-1477373 Not Applicable
Suite, Apt. #, etc.		26	Suite, Apt. #, etc.				\$8.75 Additional
70 TO		27	¬ ' '				5. Certificate of Status Desired Fee Required
City & State		-	City & State				6. Election Campaign Financing 55.00 May Be
3		28	– 1				Trust Fund Contribution Added to Fees
Zip	Country	7-	Zip	Cou	intry		8. This corporation owes the current year Intangible
24	25	29		30			Personal Property Tax.
	9. Name and Address of Curren	t Regi	stered Agent				10. Name and Address of New Registered Agent
					81	Name	
CASS, LEONARD J. 700 SOUTHEAST THIRD AVENUE FT. LAUDERDALE FL 33316					82	Street Addr	ress (P.O. Box Number is Not Acceptable)
						55(7.001	
					83		
					84	City	85 Zip Code
					"	i City	FL 1 2 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN			E: Registered	Agen	nt signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	VP OFFICERS AN	אוט ט	DELETE	1.1 7	rTI F		Change Addition
TITLE NAME	CARRIERO, JIM			1.2 N		- 1	
STREET ADDRESS	2543 AIRPORT DR.					ADDRESS	
	HAMBURG NY				ITY-S		
CITY+ST-ZIP TITLE	ST		☐ DELETE	2.1 T		1-211	☐ Change ☐ Addition
NAME	MCCORMACK, ED			2.2 N		(
STREET ADDRESS	00 MARIN OT			2.3 S	TREET	TADDRESS	
CITY-ST-ZIP	SCARBOROUGH ON				STY-S		
TITLE	AS		☐ DÉLETE	3.1 7		-	☐ Change ☐ Addition
NAME	PITTMAN, LINDA			3.2 N	AME		
STREET ADDRESS	AAAA UEGUITAAE BD			3.3 S	TREE	TADDRESS	
CITY-ST-ZIP	WILSON NC			3.4. (ZITY-S	ST-ZIP	
TITLE	AT		☐ DELETE	4.1 T	TLE		☐ Change ☐ Addition
NAME	FEENEY, JOHN			4.21	NAME	ļ	
STREET ADDRESS	LITTLE JOHN DR.			4.3 S	TREE	T ADORESS	
CITY-ST-ZIP	WILSON NC			4.4 0	ITY-S	T-ZIP	
TITLE			☐ DÉLETE	5.1 T		ļ	☐ Change ☐ Addition
NAME					AME		
STREET ADDRESS						TADDRESS	
CITY-ST-ZIP					YTY-S	T-ZIP	
TITLE			☐ DELETE	6.1 T			Change Addition
NAME					IAME	- 1	·
STREET ADDRESS	}					TADDRESS	
	I			640	TV C	T 71D }	

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:

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