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

PROFIT
 CORPORATION
 ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # 1. Corporation Name P96000051376 (7)

GRANTECH, INC.

STREET ADDRESS

CITY-ST-ZIP

Principal Plac	ce of Business	Mailing Address		T TO BETWEEN THE LOSING BLOCK EDITE DULLY DURAN BUILD	BIYDI DIBBE SUNI SBBI£ BINI (BBI
		1912 S. UNIVERSITY DR	IVE		
#116 DAVIE FL 33324 DAVIE FL 33324				DO NOT WRITE IN TH	IC CDACE
DAVIE FL 33324 DAVIE FL 33324				3. Date incorporated or Qualified	IS SPACE
				06/14/1996	
2. Principal f	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0707337	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & Sta	to	City & State			Fee Required
23	le .	him í		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	28] Zip	Country	This corporation owes or has paid the	Added to Fees
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Register	ed Agent
	IOMAS, JAMES		81 Name		
6851 S.W. 21 COURT, #14			82 Street Add	ress (P.O. Box Number is Not Acceptable)	·
D.A	ME FL 33317		83		
			63		
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607,050	2 and 607 1508. Florida Statu	les, the above-named corr		
office or agent. I a SIGNATURE.	MAN R.A.	JAMES THUI	MPL		ppointment as registered
12.	OFFICERS AN	··	 Registered Agent signature requi 13. 	ADDITIONS/CHANGES TO OFFICERS A	NO DIBECTORS IN 12
TITLE	P	DELETE	11 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME			12 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33324		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		+
CITY-ST-ZIP		DEVETE	2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TOLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		and the second of the second o	5.4 CITY-ST-ZIP		
TITLE	İ	☐ DELETE	6.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition

14. Thereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, an an attachment with an address

6.3 STREET ADDRESS

964 - 662-0242

FILED

May 18 1998 8:00am

Secretary of State