


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

**FILED**  
**Jun 07, 1999 8:00 am**  
**Secretary of State**

06-07-1999 90018 009 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000006374**

1. Corporation Name  
**EXPERTECH, INC.**



Principal Place of Business 207 BITTERWOOD ST WINTER SPRINGS FL 32708	Mailing Address 207 BITTERWOOD ST WINTER SPRINGS FL 32708
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 160 HOPE STREET	26 160 HOPE ST			01/20/1998	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number		Applied For	
22 #116	27 116	59-3488027		Not Applicable	
City & State	City & State	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 LONGWOOD, FL	28 LONGWOOD, FL	<input type="checkbox"/>		Election Campaign Financing Trust Fund Contribution	
Zip	Zip	Country		\$5.00 May Be Added to Fees	
24 32750	29 32750	30 Seminole		8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
LAYMAN, DARIK O 207 BITTERWOOD ST WINTER SPRINGS FL 32708		81 Name			
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City	FL	85 Zip Code	

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: DARIK LAYMAN "PRESIDENT" DATE: 5/99

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	DARIK LAYMAN
STREET ADDRESS		1.3 STREET ADDRESS	207 BITTERWOOD
CITY-ST-ZIP		1.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32750
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Robert Willis
STREET ADDRESS		2.3 STREET ADDRESS	5464 WINDRIDGE LN.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	JEFF MARTIN
STREET ADDRESS		3.3 STREET ADDRESS	5440 EAST MICHIGAN
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Darik Layman DATE: 5/99 DAYTIME PHONE #: 907-332-8324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)