

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S79771** (9)
1. Corporation Name
NARATECH, INC.

Principal Place of Business
**665 DEVONSHIRE BLVD.
LONGWOOD FL 32750**

Mailing Address
**665 DEVONSHIRE BLVD.
LONGWOOD FL 32750**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 196 POINCIANA LANE Suite, Apt. #, etc. 22 DELTONA FLORIDA City & State 23 32738 Zip 24 Country		2a. Mailing Address 26 196 POINCIANA LANE Suite, Apt. #, etc. 27 DELTONA FL City & State 28 32738 Zip 29 Country		3. Date Incorporated or Qualified 09/11/1991	
4. FEI Number 59-3088448		Applied For <input type="checkbox"/> 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"/>		7. \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BEAUREGARD, NADINE
665 DEVONSHIRE BLVD
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent

81 Name **BEAUREGARD NADINE**
82 Street Address (P.O. Box Number is Not Acceptable) **196 POINCIANA LANE**
83 DELTONA
84 City **FL** **85 Zip Code** **32738**

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 **Nadine Beauregard** (NOT: Registered Agent Signature required when reinstating) DATE **4/13/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAUREGARD, NADINE	1.2 NAME	
STREET ADDRESS	665 DEVONSHIRE BLVD	1.3 STREET ADDRESS	196 POINCIANA LANE
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	DELTONA FL 32738
TITLE	VSD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAUREGARD, RALPH	2.2 NAME	
STREET ADDRESS	665 DEVONSHIRE BLVD	2.3 STREET ADDRESS	196 POINCIANA LANE
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	DELTONA FL 32738
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		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.

SIGNATURE: **[Signature]** DATE: **4/13/98 (40)** **3215812**

CR2E034 (10/97)