

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90168 050 ***158.75

DOCUMENT # S79771

1. Corporation Name
NARATECH, INC.

Principal Place of Business

196 POINCIANA LANE
DELTONA FL 32738
US

Mailing Address

196 POINCIANA LANE
DELTONA FL 32738
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1991

4. FEI Number

59-3088448

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 192 POINCIANA LANE

2a. Mailing Address

26 192 POINCIANA LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 DELTONA FL

27 DELTONA FL

City & State

City & State

23 DELTONA FL

28 DELTONA FL

Zip

Zip

24 32738

29 32738

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

BEAUREGARD, NADINE
196 POINCIANA LANE
DELTONA FL 32738

10. Name and Address of New Registered Agent

81 Name

BEAUREGARD NADINE

82 Street Address (P.O. Box Number is Not Acceptable)

192 POINCIANA LANE

83

84 City

DELTONA

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE
NAME BEAUREGARD, NADINE
STREET ADDRESS 196 POINCIANA LANE
CITY-ST-ZIP DELTONA FL 32738

TITLE VSD ☐ DELETE
NAME BEAUREGARD, RALPH
STREET ADDRESS 196 POINCIANA LANE
CITY-ST-ZIP DELTONA FL 32738

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 192 POINCIANA LANE
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 192 POINCIANA LANE
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BEAUREGARD NADINE

Date

4/20/99

(407) 321 5812
Daytime Phone #