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PROFIT CORPORATION ANNUAL REPORT

1999

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

99 MAR 12 PM 2:19

TALLAHASSEE, FLORIDA

DOCUMENT # S99497

1. Corporation Name

GRANTECH TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
210 BUCK RUN LOGANVILLE, GA 30052	210 BUCK RUN LOGANVILLE, GA #))&@

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/11/91

4. FEI Number: 65-0357987

Apparel 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 [X] No

2. Principal Place of Business	2a. Mailing Address
21 210 BUCK RUN Suite, Apt. #, etc	26 210 BUCK RUN Suite, Apt. #, etc
22	27
City & State 23 LOGANVILLE, GA	City & State 28 LOGANVILLE, GA
Zip / Country 24 30052 / 25 WALTON	Zip / Country 29 30052 / 30 WALTON

9. Name and Address of Current Registered Agent

BANKS DONALD J
434 MAGNOLIA AVENUE
PANAMA CITY, FLORIDA 32401

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[ ] DELETE	11 TITLE	[ ] Change [ ] Add
NAME	CLINE, RICHARD W.		12 NAME	
STREET ADDRESS	210 BUCK RUN		13 STREET ADDRESS	
CITY-ST-ZIP	LOGANVILLE, GA 30052		14 CITY-ST-ZIP	
TITLE	VT	[ ] DELETE	21 TITLE	[ ] Change [ ] Add
NAME	HENNEMAN, GREGORY A.		22 NAME	
STREET ADDRESS	2760 S. CLEMENT AVENUE		23 STREET ADDRESS	
CITY-ST-ZIP	OAK CREEK, WI 53154		24 CITY-ST-ZIP	
TITLE		[ ] DELETE	31 TITLE	[ ] Change [ ] Add
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		[ ] DELETE	41 TITLE	[ ] Change [ ] Add
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Add
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Add
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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B. 3/16/99 99AR

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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: Richard W. Cline
RICHARD W. CLINE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 10, 1999 (Date) 770-554-6229 (Daytime Phone #)