SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Oct 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V21914 (9)

1. Corporation Name
SURETECH, INC.

Principal Place of Business
5815 SE FEDERAL HWY
STUART FL 34997

Mailing Address
5815 SE FEDERAL HWY
STUART FL 34997

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/18/1992

4. FEI Number
65-0459301
[ ] 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 Fee.

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [X] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
GRIFFITH, THOMAS E.
SEAVIEW E
9150 S.E. RIVERFRONT TERR.
TEQUESTA FL 33469

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

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
GRIFFETH, THOMAS E
9150 SE RIVERFRONT TERR.
TEQUESTA FL 33469
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
GRIFFITH, THOMAS E.
[X] Change [ ] Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
[ ] Change [ ] Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
[ ] Change [ ] Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
[ ] Change [ ] Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
[ ] Change [ ] Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
[ ] Change [ ] Addition

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 added to an attachment with an address.

SIGNATURE: [signature] 9/28/98 561-744-5480

CR2E024 (5/96)