

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

FILED

**Apr 17 1997 8:00am
Secretary of State**

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P95000084308 (2)

1. Corporation Name
SEMICONDUCTOR DIAGNOSTICS, INC.



| | |
|---|--|
| Principal Place of Business 6804 HARNEY ROAD SUITE F TAMPA FL 33610 | Mailing Address 6804 HARNEY ROAD SUITE F TAMPA FL 33610-9424 |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 11/02/1995 | 3a. Date of Last Report 04/25/1996 |
|--|--|

| | | | |
|---|--|--------------------------|--------------------------|
| 2. Principal Place of Business 21 3650 Spectrum Blvd. Suite, Apt. #, etc. 22 Suite 130 City & State 23 Tampa, Florida Zip 24 33612 | 2a. Mailing Address 26 3650 Spectrum Blvd. Suite, Apt. #, etc. 27 Suite 130 City & State 28 Tampa, Florida Zip 29 33612 | Country 25 USA | Country 30 USA |
|---|--|--------------------------|--------------------------|

| | |
|---|--|
| 4. FEI Number 59-3353010 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> KK | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**LAGOWSKI, JACEK
6804 HARNEY ROAD
SUITE F
TAMPA FL 33610**

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

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | LAGOWSKI, JACEK |
| STREET ADDRESS | 11504 NORVAL PLACE |
| CITY-ST-ZIP | TAMPA FL 33617 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | JASTRZEBSKI, LUBOMIR |
| STREET ADDRESS | 6804 HARNEY ROAD SUITE F |
| CITY-ST-ZIP | TAMPA FL 33610 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | BANAS, CHRISTOPHER |
| STREET ADDRESS | 11300 LINBANKS PLACE |
| CITY-ST-ZIP | TEMPLE TERRACE FL 33617 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 3650 Spectrum Boulevard, Suite 130 |
| 2.4 CITY-ST-ZIP | Tampa, Florida 33612 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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: *Jacek Lagowski* **JACEK LAGOWSKI** 04/10/97 813-977-2244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)