

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **645390** (6)  
1. Corporation Name  
**AMERICAN TECHNICAL CERAMICS (FLORIDA), INC.**



Principal Place of Business  
**2201 CORPORATE SQUARE BLVD.  
JACKSONVILLE FL 32216**

Mailing Address  
**2201 CORPORATE SQUARE BLVD.  
JACKSONVILLE FL 32216**

3. Date Incorporated or Qualified  
**11/16/1979**

3a. Date of Last Report  
**02/21/1995**

4. FEI Number  
**11-2556070**

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

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

## 9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

## 10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

## 12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **INSETTA, VICTOR**  
CITY-STATE-ZIP **8444 SAN JOSE BLVD**  
**JACKSONVILLE, FL 00000**  
2. TITLE ☐ DELETE  
NAME **V**  
STREET ADDRESS **MONSORNO, RICHARD V.**  
CITY-STATE-ZIP **8954 REGINA ROAD**  
**JACKSONVILLE FL**  
3. TITLE ☐ DELETE  
NAME **VS**  
STREET ADDRESS **KELLY, KATHLEEN M.**  
CITY-STATE-ZIP **60 RUTH ST.**  
**SMITHTOWN, NY.**  
4. TITLE ☐ DELETE  
NAME **VD**  
STREET ADDRESS **SPECNE, CHESTER E**  
CITY-STATE-ZIP **269 WINDSOR PLACE**  
**BROOKLYN NY**  
5. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
6. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Kathleen M. Kelly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathleen M. Kelly

1/29/96

516-547-5710

Daytime Phone #

CR2E034 (12/95)