

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

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32216-1921
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/16/1979	3a. Date of Last Report 02/01/1996
21		26		4. FEI Number 11-2556070	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	V/D
NAME	INSETTA, VICTOR	12 NAME	Litt, Stuart P.
STREET ADDRESS	8444 SAN JOSE BLVD	13 STREET ADDRESS	2 Blenheim Terrace
CITY-ST-ZIP	JACKSONVILLE, FL 00000	14 CITY-ST-ZIP	Farmington, CT
TITLE	V	21 TITLE	
NAME	MONSORNO, RICHARD V.	22 NAME	
STREET ADDRESS	8954 REGINA ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE	VS	31 TITLE	
NAME	KELLY, KATHLEEN M.	32 NAME	
STREET ADDRESS	60 RUTH ST.	33 STREET ADDRESS	
CITY-ST-ZIP	SMITHTOWN, NY.	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	
NAME	SPECNE, CHESTER E	42 NAME	
STREET ADDRESS	269 WINDSOR PLACE	43 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY	44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: **Kathleen M. Kelly** **2/7/97** **516-547-5710**

CR2E034 (9/96)