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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

		1996	125	C TREE	DIVISION OF	CORPORA	TIO	NS				
	OCUN Corporation	Name		-	(7)				~ 1			
	HARRI	s semic	CONDUCTOR, IN	C.								
Pr	Principal Place of Business Mailing Address											814 01011 04011 10 8 1
	1025 W NASA BLVD 1025 W NASA BLVD											
	MELBOURNE	FL 32919			MELBOURNE FL 3291	9						
									3. Date Incorporated or Qualified 12/27/1975	3a. ∋.	ate of Last F 05/01/1	
				2a.	Mailing Address				4. FH Number	. L	00/01/1	Applied For
21	26			26	Circle And Market			59-1560824			Not Applicable	
22	Suite, Apt. #, etc.			27	Suite, Apt. #, etc.			5. Certificate of Status Desired		•	5 Additional Required	
	City & State				City & State				6. Election Campaign Financing			00 May Be
23	Zip	28							Trust Fund Contribution	L!	Adde	ed to Fees
24	ziρ	Country 25		29	Zip Country				8. This corporation has liability for intangible tax under si 199,032, Florida Statutes Yes No			
			and Address of Curr		ered Agent				10. Name and Address of New F		d Agent	
						8	31	Name				
	CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD						32	Street Addr	ess (P.O. Box Number is Not Acceptal	yle)		
	PLANTATION FL 33324					8	13		A			
						ĺ	14	City			■ 85 Z	Zip Code
-44	D		607.00	00 - 1 00	14500 51 11 01 1			•		F	L	
٠٠ <u>٠</u>	or registere	o agent, or	both, in the State of Fid	maa. Such	change was authorize	ed by the co	e-na rpor	imed corpor ration's boar	alion submits this statement for the pured of directors. Thereby accept the app	rpose of c ointment a	hanging its as registere	registered office d agent. I am
familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE												
12	Signature typed or printed name of registered agent and title if applicable. (NOTE, Re							signature required	d when recratifyings	DATE		050 111 10
TIT		PD			DELETE		13.		ADDITIONS/CHANGES TO OFF	ICERS AF	Change	
NA	ME						1.2 NAME				_ ,	
	REET ADDRESS		A BLVD			1.3 STHE	ET A	DDRESS				
CIT	Y-ST-ZIP	METRO NE	URNE, FL 0		☐ DELETE	1.4 CITY 2 1 TITL		716			Change	☐ Addition
NAI	1	FAY, R. W.			_		2 2 NAME				☐ change	☐ vonina:i
STE	REET ADDRESS	W NAS	A BLVD			2.3 STRE	ET A	DDRESS				
	Y-ST-ZIP		URNE FL		E DECEME	2 4 CITY		ZIP		.		
T ₁ T		VP GARRE	TT, J. C		☐ DELETE	3. 1 TITL 3.2 NAMI					Cnange	Addition
	REET ADDRESS		/ NASA BLVD			3.3 STRE		IDDRESS				
CIT	Y - \$1 - ZIP	MELBO	URNE, FL 0			3.4 City	· S1-	ZIP				
TITI		VD	D.D. (OD.)		☐ DELETE	4. 1 TITL				•	Change	Addition
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	Y-ST-ZIP		URNE, FL 0			1						
TIT		SD			4.4 CITY - ST - ZIP DELETE 5.1 TITLE					☐ Change	Addition	
NA	ME		NTYNE, R.L.			5.2 NAMI	E					
	REET ADDRESS		A BLVD			5 3 STAE						
TITE	Y-ST-ZIP	AL WELRO	URNE, FL 0		DELETE	5 4 CITY - 6 1 TITU		712			□ Change	Addition
NA			RMAN, D S		Jeene	6 2 NAMI					□ mands	□ vaannii
	REET ADDRESS		A BLVD			6.3 STRE		DDRESS				
	Y-ST-ZIP	MELBO	URNE FL			6.4 City	- 51 -	Z-P	v.a			
14	I do hereby certify that t	certify that the informati	the information supplier on indicated on this an	d with this f nual report	iling is voluntarily furni or supplemental annu	shed and do lal report is t	es i	not qualify fo and accurat	or the exemption stated in Section 119, to and that my signature shall have the	07(3)(k), F same leg-	lorida Statu al effect as i	ites. I further 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/9/96 407-757-9100