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Feb 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000000447 (0)

1. Corporation Name
MIC TECHNOLOGY CORPORATION

Principal Place of Business
797 TURNPIKE ST
N ANDOVER MA 01845

Mailing Address
797 TURNPIKE ST
N ANDOVER MA 01845-6120



3. Date Incorporated or Qualified 01/26/1996	3a. Date of Last Report
4. FEI Number 75-1841372	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	PRESIDENT
NAME	INGHAM, LAWRENCE A	1.2 NAME	BRIAN MITCHELL
STREET ADDRESS	851 FRANKLIN LAKE RD	1.3 STREET ADDRESS	420 CHAMPION ROAD
CITY-ST-ZIP	FRANKLIN LAKES NJ 07417	1.4 CITY-ST-ZIP	N. ANDOVER, MA 01845
TITLE	DVS	2.1 TITLE	DIRECTOR, VICE PRESIDENT
NAME	RISTAGNO, CHARLES V	2.2 NAME	MICHAEL GORIN
STREET ADDRESS	797 TURNPIKE ST	2.3 STREET ADDRESS	1128 E. LONG BEACH ROAD
CITY-ST-ZIP	N ANDOVER MA 01845	2.4 CITY-ST-ZIP	MISSEQUOQUE, NY 11780
TITLE	D	3.1 TITLE	DIRECTOR, SECRETARY
NAME	GREER, CHARLES H	3.2 NAME	LEONARD BOROW
STREET ADDRESS	7041 ALMADEN LN	3.3 STREET ADDRESS	125 RODEO DRIVE
CITY-ST-ZIP	CARLSBAD CA 92009	3.4 CITY-ST-ZIP	OYSTER BAY COVE, NY 11791
TITLE		4.1 TITLE	DIRECTOR
NAME		4.2 NAME	HARVEY BLAU
STREET ADDRESS		4.3 STREET ADDRESS	125 WHEATLEY ROAD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	OLD WESTBURY, NY 11568
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Brian J. Mitchell BRIAN MITCHELL 2/7/97 (508) 687-9625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)