

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

FILED

May 19 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 # H15127 (4)
1. Corporation Name
ZYTEK, INC.

Principal Place of Business

100 TECHNOLOGY PARK, SUITE #175
LAKE MARY FL 32746

Mailing Address

100 TECHNOLOGY PARK, SUITE #175
LAKE MARY FL 32746-6205



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 380 S. North Lake Blvd		26 380 S. North Lake Blvd		08/03/1984	04/30/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22 Suite 1014		27 Suite 1014		59-2440452	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Altamonte Springs, FL		28 Altamonte Springs, FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip		Zip		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
24 32701		29 32701		10. Name and Address of New Registered Agent	
Country		Country		81 Name	
25 USA		30 USA		82 Street Address (P.O. Box Number is Not Acceptable)	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		83	
JAMES, MICHAEL T. 103 WILD HOLLY LANE LONGWOOD FL 32779				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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, DANA J.	1.2 NAME	
STREET ADDRESS	7439 HOUSTON COURT E	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANGAS, JON M.	2.2 NAME	
STREET ADDRESS	501 VHLEN ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	2.4 CITY-ST-ZIP	
TITLE	CDP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, MICHAEL T.	3.2 NAME	
STREET ADDRESS	103 WILD HOLLY	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	
TITLE	VDS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARTERS, ARLEN E.	4.2 NAME	
STREET ADDRESS	2343 SPRINGS LANDING	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/97 407/339-9363

CR2E034 (9/96)