

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 # **J60280** (1)
1. Corporation Name
ULTRATECH INTERNATIONAL, INC.



Principal Place of Business: **11711-2 PHILLIPS HWY JACKSONVILLE FL 32256**
Mailing Address: **11711-2 PHILLIPS HWY JACKSONVILLE FL 32256**

3. Date Incorporated or Qualified: **03/05/1987**
3a. Date of Last Report: **04/04/1995**

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

4. FEI Number: **59-2825545**
Applied For: Not Applicable
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

9. Name and Address of Current Registered Agent
**SMITH, HULSEY & BUSEY
225 WATER ST.
1800 FLORIDA NATIONAL BANK TOWER
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, MARK D.	1.2 NAME
STREET ADDRESS	9820 PRESTON TRAIL W.	1.3 STREET ADDRESS
CITY-STATE-ZIP	PONTE VEDRA BCH FL	1.4 CITY-STATE-ZIP
TITLE	DCV <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEYMAN, J. TAD	2.2 NAME
STREET ADDRESS	11858 OLDE OAKS CT N	2.3 STREET ADDRESS
CITY-STATE-ZIP	JACKSONVILLE FL	2.4 CITY-STATE-ZIP
TITLE	DTV <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIERCE, LAURENCE M.	3.2 NAME
STREET ADDRESS	105 SANDRA ROAD	3.3 STREET ADDRESS
CITY-STATE-ZIP	JACKSONVILLE FL	3.4 CITY-STATE-ZIP
TITLE	DSV <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EHREDT, JESSE A.	4.2 NAME
STREET ADDRESS	1711 DUFFTON LANE	4.3 STREET ADDRESS
CITY-STATE-ZIP	PAINESVILLE OH	4.4 CITY-STATE-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-STATE-ZIP		5.4 CITY-STATE-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-STATE-ZIP		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 my appointment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: **904-292-1411**
E-File Phone #

CR2E034 (12/95)