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**Feb 11 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 # 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 32256-1643**

3. Date Incorporated or Qualified **03/05/1987** 3a. Date of Last Report **04/10/1996**

2. Principal Place of Business
21 **9454-9 PHILLIPS HWY**

2a. Mailing Address
26 **7278 JUSTIN WAY**

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State **JACKSONVILLE, FL**

28 City & State **MENTOR, OH**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip **32256** 25 Country **USA**

29 Zip **44060** 30 Country **USA**

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SHAW, MARK D.	
STREET ADDRESS	9820 PRESTON TRAIL W.	
CITY - ST - ZIP	PONTE VEDRA BCH FL	
TITLE	DCV	<input type="checkbox"/> DELETE
NAME	HEYMAN, J. TAD	
STREET ADDRESS	11858 OLDE OAKS CT N	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	DTV	<input type="checkbox"/> DELETE
NAME	BIERCE, LAURENCE M.	
STREET ADDRESS	105 SANDRA ROAD	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	DSV	<input type="checkbox"/> DELETE
NAME	EHREDT, JESSE A.	
STREET ADDRESS	1711 DUFFTON LANE	
CITY - ST - ZIP	PAINESVILLE OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	9454-9 PHILLIPS HWY
3.4 CITY - ST - ZIP	JACKSONVILLE, FL 32256
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *MARK SHAW* **MARK SHAW** 11/1/97 904-222-1611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)