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Mar 20 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K53725 (3)**  
1. Corporation Name  
**GROUP TECHNOLOGIES CORPORATION**

Principal Place of Business  
**10901 Malcolm McKinley Dr.  
Tampa, FL 33612  
USA**

Mailing Address  
~~675 FOWLER WHITE GILLEN BOGGS~~  
~~501 E. Kennedy Blvd., Ste. 1700~~  
~~Tampa, FL 33602~~  
~~USA~~

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b> Group Technologies Corp.	3. Date Incorporated or Qualified <b>12/27/1988</b>	3a. Date of Last Report <b>05/01/1996</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b> 10901 Malcolm McKinley Dr.	4. FEI Number <b>59-2948116</b>	Applied For Not Applicable
City & State <b>23</b>	City & State <b>28</b> Tampa, FL 33612	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b> U.S.A.	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**FOWLER WHITE GILLEN BOGGS VILLAREAL BANKER**  
~~ATTN: RON HIGBEE~~  
**501 E. KENNEDY BLVD., SUITE 1700**  
**TAMPA, FLORIDA 33602**

10. Name and Address of New Registered Agent

81 Name <b>Same as shown</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>ATTN: David C. Shobe</b>
83 <b>Same as shown</b>
84 City <b>Same as shown</b>
85 Zip Code <b>FL</b>

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 agree to the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **3/13/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GILL, ROBERT E.</b>	
STREET ADDRESS	<b>455 S 4th Ave., Suite 350</b>	
CITY-ST-ZIP	<b>Louisville, KY</b>	
TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>GILL, JEFFREY T.</b>	
STREET ADDRESS	<b>455 S. 4th Ave., Suite 350</b>	
CITY-ST-ZIP	<b>Louisville, KY</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, DAVID D</b>	
STREET ADDRESS	<b>10901 Malcolm McKinley Drive</b>	
CITY-ST-ZIP	<b>Tampa, FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<del>MCCORMICK, CARL P</del>	
STREET ADDRESS	<del>10901 Malcolm McKinley Drive</del>	
CITY-ST-ZIP	<del>TAMPA, FL</del>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHUMAN, MICHAEL</b>	
STREET ADDRESS	<b>10901 Malcolm McKinley Drive</b>	
CITY-ST-ZIP	<b>Tampa, FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MARGALITH, AVIRAM</b>	
STREET ADDRESS	<b>10901 Malcolm McKinley Drive</b>	
CITY-ST-ZIP	<b>Tampa, FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>PD LOVELOCK, THOMAS W.</b>
4.3 STREET ADDRESS	<b>10901 Malcolm McKinley Drive</b>
4.4 CITY-ST-ZIP	<b>Tampa, FL</b>
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	

**VB 3-20**

**600002119926**  
**-03/20/97-01129-034**  
**\*\*\*173.75**

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: *[Signature]* **Michael Schuman, Esq., Secretary** **3/12/97**

CR2E034 (9/96)

49.292

**GROUP TECHNOLOGIES CORPORATION  
1997 CORPORATION ANNUAL REPORT  
CONTINUATION SHEET**

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.
<b>Title</b> <b>Name</b> <b>Street Address</b> <b>City, State, Zip</b>	V <input checked="" type="checkbox"/> Delete Davis, Richard L. 10901 Malcolm McKinley Drive Tampa, Florida 33612	<b>7.1 Title</b> <b>7.2 Name</b> <b>7.3 Street Address</b> <b>7.4 City, State, Zip</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>Title</b> <b>Name</b> <b>Street Address</b> <b>City, State, Zip</b>	V <input checked="" type="checkbox"/> Delete Harris, J. Hardie 10901 Malcolm McKinley Drive Tampa, Florida 33612	<b>8.1 Title</b> <b>8.2 Name</b> <b>8.3 Street Address</b> <b>8.4 City, State, Zip</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>Title</b> <b>Name</b> <b>Street Address</b> <b>City, State, Zip</b>	D Frigon, Henry F. 10901 Malcolm McKinley Drive Tampa, Florida 33612	<b>9.1 Title</b> <b>9.2 Name</b> <b>9.3 Street Address</b> <b>9.4 City, State, Zip</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>Title</b> <b>Name</b> <b>Street Address</b> <b>City, State, Zip</b>	D Petersen, Sidney R. 10901 Malcolm McKinley Drive Tampa, Florida 33612	<b>10.1 Title</b> <b>10.2 Name</b> <b>10.3 Street Address</b> <b>10.4 City, State, Zip</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>Title</b> <b>Name</b> <b>Street Address</b> <b>City, State, Zip</b>	V <input checked="" type="checkbox"/> Delete Allen, Anthony C. 10901 Malcolm McKinley Drive Tampa, Florida 33612	<b>11.1 Title</b> <b>11.2 Name</b> <b>11.3 Street Address</b> <b>11.4 City, State, Zip</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>Title</b> <b>Name</b> <b>Street Address</b> <b>City, State, Zip</b>	D Roger W. Johnson 10901 Malcolm McKinley Drive Tampa, Florida 33612	<b>12.1 Title</b> <b>12.2 Name</b> <b>12.3 Street Address</b> <b>12.4 City, State, Zip</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition