FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 4:14

DOCUMENT # L61776 (5)

1. Corporation Name
PRINTED CIRCUIT TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
485-B STAN DR. MELBOURNE FL 32904 US	P. O. BOX 970 MELBOURNE FL 3290 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 04/03/1990
3a. Date of Last Report: 06/15/1994
4. FEI Number: 59-3011472 ☐ 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

GONDHA, VITHAL
378 CHERRY COURT
SATELLITE BEACH FL 32937

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	GONDHA, VITHAL
STREET ADDRESS	378 CHERRY CT
CITY-ST-ZIP	SATELLITE BCH FL
TITLE	V
NAME	GONDHA, DHIRAJ
STREET ADDRESS	1051 HAMPSHIRE AVE
CITY-ST-ZIP	PALM BAY FL
TITLE	V
NAME	GONDHA, SHANTI
STREET ADDRESS	3382 ARECA PALM AVE
CITY-ST-ZIP	MELBOURNE FL
TITLE	V
NAME	GONDHA, PRAFUL
STREET ADDRESS	910 BARBADOS AVE
CITY-ST-ZIP	PALM BAY FL
TITLE	V
NAME	GONDHA, JAYANT
STREET ADDRESS	3373 FAN PALM BLVD
CITY-ST-ZIP	MELBOURNE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☒ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	2661E NELDA DR.
24 CITY-ST-ZIP	MONROE, NC 28110
31 TITLE	☒ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	2661D NELDA DR
34 CITY-ST-ZIP	MONROE, NC 28110
41 TITLE	☒ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	2661B NELDA DR.
44 CITY-ST-ZIP	MONROE, NC. 28110
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-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)(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: Vithaldas D. Gondha 1-14-95 407-676-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
VITHAL D. GONDHA

04/0076 FP