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Apr 01 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 # L61776 (5)

1. Corporation Name
PRINTED CIRCUIT TECHNOLOGIES, INC.



Principal Place of Business

485-B STAN DR.
MELBOURNE FL 32904
US

Mailing Address

P. O. BOX 970
MELBOURNE FL 32902-0970
US

3. Date Incorporated or Qualified
04/03/1990

3a. Date of Last Report
01/24/1996

2. Principal Place of Business

21 1901 S. HARBOR CITY
Suite, Apt. #, etc.

22 BLVD. SUITE # 715
City & State

23 MELBOURNE, FL
Zip

24 32901 25 BREVARD
Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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 1901 SOUTH HARBOR CITY BLVD
SUITE # 715

84 City

85 MELBOURNE FL 32901

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

TITLE PD ☐ DELETE

NAME GONDHA, VITHAL
STREET ADDRESS 378 CHERRY CT
CITY-STATE-ZIP SATELLITE BCH FL

TITLE V ☐ DELETE

NAME GONDHA, DHIRAJ
STREET ADDRESS 2881E NELDA DR
CITY-STATE-ZIP MONROE NC

TITLE V ☐ DELETE

NAME GONDHA, SHANTI
STREET ADDRESS 2661D NELDA DR
CITY-STATE-ZIP MONROE NC

TITLE V ☐ DELETE

NAME GONDHA, PRAFUL
STREET ADDRESS 2112 TANFIELD DR.
CITY-STATE-ZIP MATTHEWS NC

TITLE V ☐ DELETE

NAME GONDHA, JAYANT
STREET ADDRESS 2708-11 CROSS POINT CIRCLE
CITY-STATE-ZIP MATTHEWS NC

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME 3907 ETHEREDGE ST.
1.3 STREET ADDRESS INDIAN TRAIL, NC 28079
1.4 CITY-STATE-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME 2661E NELDA DR.
2.3 STREET ADDRESS MONROE, NC 28110
2.4 CITY-STATE-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME 2661D NELDA DR.
3.3 STREET ADDRESS MONROE, NC 28110
3.4 CITY-STATE-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME 2112 TANFIELD DR.
4.3 STREET ADDRESS MATTHEWS, NC 28105
4.4 CITY-STATE-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME 2708-11 CROSS POINT CIR.
5.3 STREET ADDRESS MATTHEWS, NC 28105
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

Vithal D. Gondha VITHAL D. GONDHA

Date

3/26/97

Daytime Phone #

407-676-4444

0109464

CR2E034 (9/96)