


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L61776** (5)  
1. Corporation Name  
**PRINTED CIRCUIT TECHNOLOGIES, INC.**

Principal Place of Business <b>1901 S. HARBOR CITY BLVD. 715 MELBOURNE FL 32901 US</b>	Mailing Address <b>P. O. BOX 970 MELBOURNE FL 32902 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>04/03/1990</b>	
25		30		4. FEI Number <b>59-3011472</b>	
25		30		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GONDHA, VITHAL 1901 SOUTH ARBOR CITY BLVE. SUITE 715 MELBOURNE FL 32901</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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	PD GONDHA, VITHAL 3907 ETHEREDGE ST INDIAN TRAIL NC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V GONDHA, DHIRAJ 2861D NELDA DR. MONROE NC	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<b>9725 CLIFTON MEADOW DR.</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>MATTHEWS, NC 28105</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V GONDHA, SHANTI 22661 D NELDA DR. MONROE NC	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>5603 CREFT CIRCLE</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>INDIAN TRAIL, NC 28079</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V GONDHA, PRAFUL 2112 TANFIELD DR. MATTHEWS NC	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	V GONDHA, JAYANT 2708-11 CROSS POINT CIRCLE MATTHEWS NC	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>1925 BRANDYWINE DR.</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>MATTHEWS, NC 28105</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 GONDHA 3-13-98 704-442-5758

CR2E034 (10/97)