

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 27 1996 8:00 am
Secretary of State

DOCUMENT # **P39850** (3)
1. Corporation Name
MEMORY TECHNOLOGY, INC.



Principal Place of Business: **2240 WHITFIELD INDUSTRIAL WAY SARASOTA FL 34243**
Mailing Address: **2240 WHITFIELD INDUSTRIAL WAY SARASOTA FL 34243**

3. Date Incorporated or Qualified: **07/29/1992** 3a. Date of Last Report: **02/13/1995**
4. FLI Number: **59-3113876** 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

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

9. Name and Address of Current Registered Agent
**STEPHENSON, RONALD L
CITY CENTER, 12TH FLOOR
100 SECOND AVENUE SOUTH
ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent
81 Name: **RICHARD L. SOVICH**
82 Street Address (P.O. Box Number is Not Acceptable): **2240 WHITFIELD INDUSTRIAL WAY**
83 City: **SARASOTA** FL 85 Zip Code: **34243**

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]* **Richard L. Sovich, VP-FINANCE/CFO** 3/21/96

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	DAVIDSMEYER, O. HOWARD	
STREET ADDRESS	2240 WHITFIELD IND. WAY	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, CARL L	
STREET ADDRESS	2240 WHITFIELD IND. WAY	
CITY-ST-ZIP	SARASOTA FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	OVERSTREET, HENRY L	
STREET ADDRESS	2240 WHITFIELD IND. WAY	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SOVICH, RICHARD L	
STREET ADDRESS	2240 WHITFIELD IND. WAY	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MITCHELL, STEPHEN W	
STREET ADDRESS	2240 WHITFIELD IND. WAY	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	KAMKAR, MICHAEL	
STREET ADDRESS	2240 WHITFIELD INDUSTRIAL WAY	
CITY-ST-ZIP	SARASOTA FL	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D THELMA JO DALTON OVERSTREET
3.3 STREET ADDRESS	2240 WHITFIELD INDUSTRIAL WAY
3.4 CITY-ST-ZIP	SARASOTA, FL 34243
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DSTV
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D MATTHEW A. VEAL
5.3 STREET ADDRESS	2240 WHITFIELD INDUSTRIAL WAY
5.4 CITY-ST-ZIP	SARASOTA, FL
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DP
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	34243

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)(k), 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]* **Richard L. Sovich, VP-FINANCE/CFO** 3/21/96 941/751-3336

CR2E034 (12/95)