

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

FILED
Jan 17 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 # 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 34243-4080

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. 6416 PARKLAND DRIVE	26. 6416 PARKLAND DRIVE	07/29/1992	03/27/1996
22. Suite, Apt #, etc.	27. Suite, Apt #, etc.	4. FEI Number	Applied For
23. SARASOTA, FL	28. SARASOTA, FL	59-3113876	Not Applicable
24. 34243	25. MANATEE	5. Certificate of Status Desired	\$8.75 Additional Fee Required
29. 34243	30. MANATEE	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			

9. Name and Address of Current Registered Agent
SOVICH, RICHARD L
2240 WHITFIELD INDUSTRIAL WAY
100 SECOND AVENUE SOUTH
SARASOTA FL 34243

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	6416 PARKLAND DRIVE
83. City	SARASOTA
84. State	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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 type="checkbox"/> DELETE
NAME	OVERSTREET THELMA & DALTON	
STREET ADDRESS	2240 WHITFIELD INDUSTRIAL WAY	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VEAL, MATTHEW A	
STREET ADDRESS	2240 WHITFIELD INDUSTRIAL WAY	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DSTV	<input type="checkbox"/> DELETE
NAME	SOVICH, RICHARD L	
STREET ADDRESS	2240 WHITFIELD IND. WAY	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	KAMKAR, MICHAEL	
STREET ADDRESS	2240 WHITFIELD INDUSTRIAL WAY	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6416 PARKLAND DRIVE
1.4 CITY-ST-ZIP	SARASOTA, FL 34243
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	OVERSTREET, THELMA JO DALTON
2.3 STREET ADDRESS	6416 PARKLAND DRIVE
2.4 CITY-ST-ZIP	SARASOTA, FL 34243
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	6416 PARKLAND DRIVE
3.4 CITY-ST-ZIP	SARASOTA, FL 34243
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	6416 PARKLAND DRIVE
4.4 CITY-ST-ZIP	SARASOTA, FL 34243
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	6416 PARKLAND DRIVE
5.4 CITY-ST-ZIP	SARASOTA, FL 34243
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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: Richard L. Sovich DSTV 1/7/97 941/751-3386
DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)