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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000019578 (1)

1. Corporation Name

BAY MICROTECH, INC.

Principal Place of Business

10147 CEDAR DUNE DRIVE  
TAMPA FL 33624

Mailing Address

10147 CEDAR DUNE DRIVE  
TAMPA FL 33624-5087

2. Principal Place of Business

21 11504 Shimmering Shore  
Suite, Apt. #, etc.  
Place

26 Mailing Address

26 11504 Shimmering Shore Place  
Suite, Apt. #, etc.

22 City & State

23 TAMPA, FLORIDA

27 City & State

28 TAMPA, FLORIDA

24 Zip

24 33624

Country

29 Zip

29 33624

Country

30

9. Name and Address of Current Registered Agent

KARIO, VIK H  
10147 CEDAR DUNE DRIVE  
TAMPA FL 33624

81 Name

KARIO VIK H

82 Street Address (P.O. Box Number is Not Acceptable)

11504 Shimmering Shore Place

83

84 City

TAMPA

85 Zip Code

33624

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

VIK KARIO H. /President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-23-1997

DATE

12.

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PTD  
KARIO, VIK H  
10147 CEDAR DUNE DRIVE  
TAMPA FL 33624

DELETE

1.1 TITLE

PTD

Change

Addition

NAME

KARIO, VIK H  
10147 CEDAR DUNE DRIVE  
TAMPA FL 33624

STREET ADDRESS

CITY-ST-ZIP

DELETE

1.2 NAME

KARIO, VIK H

TITLE

VPSD  
KARIO, LISA L  
10147 CEDAR DUNE DRIVE  
TAMPA FL 33624

DELETE

2.1 TITLE

VPSD

Change

Addition

NAME

KARIO, LISA L  
10147 CEDAR DUNE DRIVE  
TAMPA FL 33624

STREET ADDRESS

CITY-ST-ZIP

DELETE

2.2 NAME

KARIO, LISA L

TITLE

DELETE

3.1 TITLE

Change

Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

3.2 NAME

TITLE

DELETE

3.3 STREET ADDRESS

Change

Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

3.4 CITY-ST-ZIP

Change

Addition

TITLE

DELETE

4.1 TITLE

Change

Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

4.2 NAME

Change

Addition

STREET ADDRESS

CITY-ST-ZIP

DELETE

4.3 STREET ADDRESS

Change

Addition

CITY-ST-ZIP

DELETE

4.4 CITY-ST-ZIP

Change

Addition

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 in an attachment with an address.

SIGNATURE:

VIK KARIO /President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Feb 04 1997 8:00am  
Secretary of State



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1-23-1997

813-264-5967

Daytime Phone #