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Feb 04 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 # 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

3. Date Incorporated or Qualified

03/08/1994

3a. Date of Last Report

04/18/1996

2. Principal Place of Business

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

22 Place

23 TAMPA, FLORIDA

24 33624

Country

2a. Mailing Address

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

27

28 TAMPA, FLORIDA

29 33624

Country

4. FEI Number

59-3230033

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

KARIO, VIK H
10147 CEDAR DUNE DRIVE
TAMPA FL 33624

10. Name and Address of New Registered Agent

81

Name KARIO VIK H

82

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

83

11504 Shimmering Shore PLACE

84

City TAMPA

FL

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

TITLE PTD ☐ DELETE
NAME KARIO, VIK H
STREET ADDRESS 10147 CEDAR DUNE DRIVE
CITY-ST-ZIP TAMPA FL 33624

TITLE VPSD ☐ DELETE
NAME KARIO, LISA L
STREET ADDRESS 10147 CEDAR DUNE DRIVE
CITY-ST-ZIP TAMPA FL 33624

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☒ Change ☐ Addition
1.2 NAME KARIO, VIK H
1.3 STREET ADDRESS 11504 Shimmering Shore PLACE
1.4 CITY-ST-ZIP TAMPA, FL 33624

2.1 TITLE VPSD ☒ Change ☐ Addition
2.2 NAME KARIO, LISA L
2.3 STREET ADDRESS 11504 Shimmering Shore Place
2.4 CITY-ST-ZIP TAMPA, FL 33624

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

VIK KARIO H. / President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-1997

Date

813-264-5967

Daytime Phone #

CR2E034 (9/96)