

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

FILED

Feb 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000023490 (3)

1. Corporation Name
PLASMA-THERM, INC.



Principal Place of Business 9509 INTERNATIONAL COURT ST. PETERSBURG FL 33716	Mailing Address 9509 INTERNATIONAL COURT ST. PETERSBURG FL 33716-4803
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2. Principal Place of Business 21 10050 16th St. N. Suite, Apt. #, etc.		2a. Mailing Address 26 10050 16th St. N. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/28/1994	3a. Date of Last Report 04/08/1996
22 City & State 23 St. Petersburg, FL		27 City & State 28 St. Petersburg, FL		4. FEI Number 04-2554632	Applied For <input type="checkbox"/> Not Applicable
24 33716		25 Country		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
26 33716		27 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
28 33716		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		85 Zip Code	

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	CT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEFARRARI, RONALD H	1.2 NAME	
STREET ADDRESS	9509 INTERNATIONAL COURT	1.3 STREET ADDRESS	10050 16th St. North
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIANOPUS, A.S.	2.2 NAME	
STREET ADDRESS	9509 INTERNATIONAL COURT	2.3 STREET ADDRESS	10050 16th St. North
CITY-ST-ZIP	ST. PETERSBURG FL 33716	2.4 CITY-ST-ZIP	
TITLE	PCOO <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEFERRARI, RONALD S	3.2 NAME	
STREET ADDRESS	9509 INTERNATIONAL COURT	3.3 STREET ADDRESS	10050 16th St. North
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEFERRARI, DIANA M	4.2 NAME	
STREET ADDRESS	9509 INTERNATIONAL COURT	4.3 STREET ADDRESS	10050 16th St. North
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACY WAGNER	5.2 NAME	
STREET ADDRESS	9509 INTERNATIONAL COURT	5.3 STREET ADDRESS	10050 16th St. North
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS A BARRATT	6.2 NAME	
STREET ADDRESS	9509 INTERNATIONAL COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	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: **Stacy Wagner** **Stacy Wagner** **2-14-97** **813.577-4999**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day:one Phone #

CR2E034 (9/96)

1997 ANNUAL REPORT

Officers and Directors, Continued:

TITLE:	Director
NAME:	Lubeck Jastrzebski
STREET ADDRESS:	10050 16th Street North
CITY-ST-ZIP:	St. Petersburg, FL 33716