

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

FILED
May 08 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 # P96000020955 (6)
 1. Corporation Name
MICROTECH, INC.



Principal Place of Business 401 YELVINGTON AVENUE SUITE B-2 CLEARWATER FL 34615	Mailing Address 401 YELVINGTON AVENUE SUITE B-2 CLEARWATER FL 34615-6442
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2. Principal Place of Business 21 8523 W. HANNA AVE. Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. BOX 14007 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 03/06/1996	3a. Date of Last Report
22 City & State TAMPA, FL.	27 City & State Clearwater, Fla.	4. FEI Number 59-3371633	Applied For Not Applicable
23 Zip 33615	28 Zip 34629-4607	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Country Hillborough	29 Country Pinellas	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent BARKER, LARRY F 2887 ROLLINGWOOD CT. CLEARWATER FL 34621		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
				FL

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: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HA, LONG	1.2 NAME	ROSS F. BARKER
STREET ADDRESS	401 YELVINGTON AVENUE, SUITE B-2	1.3 STREET ADDRESS	1400 PINE GLEN LN. B-1
CITY-ST-ZIP	CLEARWATER FL 34615	1.4 CITY-ST-ZIP	TARPON SPRING, FLA. 34689
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	TLS
STREET ADDRESS		2.3 STREET ADDRESS	KRISTINE A. BARKER
CITY-ST-ZIP		2.4 CITY-ST-ZIP	1400 PINE GLEN LN. B-1
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____ DATE **4/28/97** (813) 781-9344

CR2E034 (9/96)