

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

**FILED**  
**May 08 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000020955 (6)**  
 1. Corporation Name  
**MICROTECH, INC.**



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

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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HA, LONG</b>	1.2 NAME	<b>ROSS F. BARKER</b>
STREET ADDRESS	<b>401 YELVINGTON AVENUE, SUITE B-2</b>	1.3 STREET ADDRESS	<b>1400 PINE GLEN LN. B-1</b>
CITY-ST-ZIP	<b>CLEARWATER FL 34615</b>	1.4 CITY-ST-ZIP	<b>TARPON SPRING, FLA. 34689</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>TLS</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>KRISTINE A. BARKER</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>1400 PINE GLEN LN. B-1</b>
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)