

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000004357 (8)**

1. Corporation Name
PHOTRONICS, INC.



Principal Place of Business: **1061 E. INDIANTOWN RD JUPITER FL 33477**
Mailing Address: **1061 E. INDIANTOWN RD JUPITER FL 33477**

2. Principal Place of Business		2a. Mailing Address	
21		26	
22	Suite, Apt. #, etc. SUITE 310	27	Suite, Apt. #, etc. SUITE 310
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified 09/08/1995	3a. Date of Last Report
4. FET Number 06-0854886	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	CCEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACRICOSTAS, CONSTANTINE S	1.2 NAME	
STREET ADDRESS	1061 E. INDIANTOWN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33477	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOMAZZO, MICHAEL J	2.2 NAME	
STREET ADDRESS	1061 E. INDIANTOWN RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33477	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIORITA, JOSEPH A JR	3.2 NAME	
STREET ADDRESS	146 DEER HILL AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DANBURY CT 06810	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIEDEROWICZ, WALTER M	4.2 NAME	
STREET ADDRESS	80 PICKETT DISTRICT RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW MILFORD CT 06776	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLLO, ROBERT J	5.2 NAME	BOLLO, ROBERT J
STREET ADDRESS	15 SECOR RD 1061 E. INDIANTOWN RD.	5.3 STREET ADDRESS	1061 E. INDIANTOWN RD.
CITY-ST-ZIP	BROOKFIELD CT 06804 JUPITER, FL 33477	5.4 CITY-ST-ZIP	JUPITER, FL 33477
TITLE	VS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOONAN, JEFFREY P ESQ	6.2 NAME	
STREET ADDRESS	1061 E. INDIANTOWN RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33477	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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: **April 30, 1996** **203 775-9000**

CR2E034 (12/95)