

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

FILED
Mar 03 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 # F27352 (6)
 1. Corporation Name
MICRO ENGINEERING, INC.



Principal Place of Business 1428 SEMORAN BLVD., SUITE 113 APOPKA FL 32703	Mailing Address 1428 SEMORAN BLVD., SUITE 113 APOPKA FL 32703-5674
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2. Principal Place of Business 1428 SEMORAN BLVD.		2a. Mailing Address 1428 SEMORAN BLVD.		3. Date Incorporated or Qualified 03/30/1981	3a. Date of Last Report 02/19/1996
22. Suite, Apt #, etc. SUITE #120		27. Suite, Apt #, etc. SUITE #120		4. FEI Number 59-2119376	Applied For <input type="checkbox"/> Not Applicable
23. City & State APOPKA, FL		28. City & State APOPKA, FL		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24. Zip 23703		29. Zip 32703		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25. Country USA		30. Country USA		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 LAFORST, LARRY 3516 PAULETTE ST. APOPKA FL 32712				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 _____ (NOTE: Registered Agent signature required when re-instating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LAFORST, LARRY		1.2 NAME	
STREET ADDRESS 3516 PAULETTE ST		1.3 STREET ADDRESS	
CITY - ST - ZIP APOPKA FL		1.4 CITY - ST - ZIP	
TITLE DVS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROWN, JUDITH		2.2 NAME	
STREET ADDRESS 5508 WESTVIEW DR.		2.3 STREET ADDRESS	
CITY - ST - ZIP ORLANDO FL		2.4 CITY - ST - ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LAFORST, VICKI		3.2 NAME	
STREET ADDRESS 3516 PAULETTE ST		3.3 STREET ADDRESS	
CITY - ST - ZIP APOPKA FL		3.4 CITY - ST - ZIP	
TITLE DVT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NGUYEN, JOSEPH		4.2 NAME	
STREET ADDRESS 3434 PAISLEY CIRCLE		4.3 STREET ADDRESS	
CITY - ST - ZIP ORLANDO FL		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: JUDITH BROWN *Judith Brown* **02/24/97** **(407)886-4849**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)