

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

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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90164 032 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F27352

1. Corporation Name
MICRO ENGINEERING, INC.



Principal Place of Business 1428 SEMORAN BLVD. STE. 120 APOPKA FL 23703 US	Mailing Address 1428 SEMORAN BLVD. STE. 120 APOPKA FL 32703 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/30/1981	
4. FEI Number 59-2119376	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	30
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9. Name and Address of Current Registered Agent

LAFORREST, LARRY
3516 PAULETTE ST.
APOPKA FL 32712

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	LAFORREST, LARRY	
STREET ADDRESS	3516 PAULETTE ST	
CITY-ST-ZIP	APOPKA FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	BROWN, JUDITH	
STREET ADDRESS	5508 WESTVIEW DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAFORREST, VICKI	
STREET ADDRESS	3516 PAULETTE ST	
CITY-ST-ZIP	APOPKA FL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	NGUYEN, JOSEPH	
STREET ADDRESS	3434 PAISLEY CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NOBLE, WILLIAM	
STREET ADDRESS	4450 MEADOWLAND DR	
CITY-ST-ZIP	MT DORA FL 32757	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BROWN, JUDITH	
2.3 STREET ADDRESS	722 OAK LEAF CT.	
2.4 CITY-ST-ZIP	APOPKA, FL 32703	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: *Larry A. LaForest* **LARRY A. LAFORREST** 3/9/99 (407) 886-4849
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)