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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G52026** 

(3)

TEJERA Principal Place P.O. BOX 3408( TAMPA FL 3389	MICROSYSTEMS ENGINED of Business	Mailing Address P.O. BOX 340608 TAMPA FL 33694-0608	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		
			i •		n. Date of Last Report 05/01/1996
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number 59-2312124	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stati	3	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ <b>24</b>	Country 25	Zip 29	Country 30	8. This corporation has liability for intan Florida Statutes	gible tax under s. 199.032, s
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registe	red Agent
11. Pursuant office or r agent if a	PA FL 33624 to the provisions of Sections 607.05 egistered agent, or both, in the Stat en familiar with, and accept the oblig	02 and 607,1508, Florida Statu e of Florida Such change was gations of, Section 607,0505, F	83 84 City tes, the above-named cor authorized by the corporal lorida Statutes.	poration submits this statement for the purportion's board of directors. I hereby accept the	FL 85 Zip Code se of changing its registered appointment as registered
SIGNATURE	Signature Typest or printed name of registered as		TE: Registered Agent signature requ		ATE.
12.	OFFICERS AT	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TILLE NAME STREET ADDRESS Only - ST- ZIP	TEJERA, ALBERT R 15711 COUNTRY LAKE DR. TAMPA FL 33624	☐ DELETE	1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS		Change Addition
TITLE NAME	V TEJERA, PATSY R 15711 COUNTRY LAKE DR.	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		Change Addition
STREET ADORESS CHY-ST-ZIP	TAMPA FL 33624		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
NAME NAME		DELETE	31 THTLE 32 NAME		Change Addition
STREET ADDRESS CHY-ST ZIP			3.3 STREET ADDRESS 3.4. CITY - ST - ZIP	·	
TOLE NAME STREEL ADDRESS		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
OTY ST-ZIF TOLE NAME STREET ADDRESS		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
CHY-SE-ZE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition

64 CITY-ST-ZIP

14. Too 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 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 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 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 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 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify for the exemption stated in Se

**6.3 STREET ADDRESS** 

SIGNATURE:

STREET ADDRESS

NATURE AND TYPED OR PRINTED NAME OF BIGINING OFFICER OR DIRECTOR ESO DE

4-1-97 873-968.

**FILED** 

Apr 07 1997 8:00am

Secretary of State

/time Phone # 0371526