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PROFIT CORPORATION ANNUAL REPORT 1999

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FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Mar 22, 1999 8:00 am Secretary of State Katherine Harris

03-22-1999 90096 038 ***158.75

MICROA	PPLICATIONS, INC.								
Principal Place	e of Business	Ma	ailing Address			•	- 1 1801811 6160 (1111 (8510 1811 49765 111) 81	#11 #1#11 #1#11 #1#1 1	B)()))
131 SHELL POINT WEST							DO NOT WRITE IN T	HIS SPACE	
00							3. Date Incorporated or Qualifed		
							01/15/1985 4. FEI Number		nation For
2. Principal P	Place of Business	2a.	. Mailing Address					⊢	pplied For lot Applicable
21		26	O. 14 A . 4 . 4 . 4				59-2507438		Additional
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.	۔ سمب		سه د	5. Certificate of Status Desired	Fee F	1
City & Stat	te		City & State				6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees
23 Zip	Country	28	Zip	Cour	try		8. This corporation owes the current year	r Intangible	□No
24	25	29		30			Personal Property Tax.	Yes	UND
	9. Name and Address of Curre	ent Regis	stered Agent		81 N	ame	10. Name and Address of New Registe	ied Mäsiit	
RAK	ER, ROBERT M.								
	SHELL POINT WEST			[82 Si	treet Addre	ess (P.O. Box Number is Not Acceptable)		
	TLAND FL 32751			1	83				
				Į.			<u> </u>		
				[84 C	ity	1	FL 85 Zir	Code
agent, I a SIGNATURE	am familiar with, and accept the oblig	ations of	, Section 607.0505, Fit	onda Statu	les.		oration submits this statement for the purpos n's board of directors. I hereby accept the a		
12.	Signature, typed or printed name of registered ag OFFICERS A			E: Registered a	Agent sign	nature required	ADDITIONS/CHANGES TO OFFICER:		ORS IN 12
12.	Signature, typed or printed name of registered ag					nature required	· · · · · · · · · · · · · · · · · · ·		
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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:

LATARIA RESIDENCE OF SIGNING OFFICER OR DIRECTOR

407-647-6997