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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90112 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000099563

1. Corporation Name
MICRO TECH USA AND ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**5501 ROOSEVELT BLVD
 SUITE 208
 CLEARWATER FL 33760
 US**

Mailing Address
**5501 ROOSEVELT BLVD
 SUITE 208
 CLEARWATER FL 33760
 US**

3. Date Incorporated or Qualified
12/09/1996

2. Principal Place of Business
 21 **2963 Gulf To Bay Blvd**

2a. Mailing Address
 26 **2963 Gulf To Bay Blvd**

4. FEI Number
59-3414678

Applied For
 Not Applicable

22 **#120**

27 **#120**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 **Clearwater, FL**

28 **Clearwater, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 **33759** 25 **USA**

29 **33759** 30 **USA**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOVEWELL, HERBERT D
 1100 CLEVELAND ST.
 SUITE 902
 CLEARWATER FL 34625**

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **V** DELETE
 NAME **CHAMBERLAIN, JAMES M**
 STREET ADDRESS **853 GLENFIELD DRIVE**
 CITY-ST-ZIP **PALM HARBOR FL**

1.1 TITLE Change Addition
 1.2 NAME **President James M. Chamberlain**
 1.3 STREET ADDRESS **2978 Glenpark Road**
 1.4 CITY-ST-ZIP **Palm Harbor, FL 34683**

TITLE **P** DELETE
 NAME **MULLETT, NANCY C.**
 STREET ADDRESS **3772 ORCHARD GROVE LANE**
 CITY-ST-ZIP **LARGO FL**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)