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

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name MICROSAGE, INC.



DOCUMENT # P97000013338

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90220 029 \*\*\*150.00



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Principal Place of Business Mailing Address 4255 SW 102 CT 4255 SW 102 CT MIAMI FL 33165 MIAMI FL 33165 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 02/05/1997 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 14290 65-0729173 14290 SW 167 26 TEAR Tull Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Miami, 12 Added to Fees Trust Fund Contribution MIAM 28 Country Country This corporation owes the current year Intangible M No 33177 30 Personal Property Tax. 25 USA WS A 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GRAEBER, JOSEF IV Street Address (P.O. Box Number is Not Acceptable) 4255 SW 102 CT MIAMI FL 33165 83 84 85 Zip Code City 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 CR2F034 /11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition ☐ DELETE Change 1.1 TITLE TITLE GRAEBER, JOSEF IV 1.2 NAME NAME 4255 SW 102 CT 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33165** 14 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY+ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITL F 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP