FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 PM 1:26

DOCUMENT # S05793 (2)

1. Corporation Name
MICROSMART OF FLORIDA, INC.

Principal Place of Business
471 NORTH FEDERAL HWY
BOCA RATON FL 33432

Mailing Address
471 NORTH FEDERAL HWY
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/15/1990
3a. Date of Last Report: 01/19/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0227525 — Applied For / Not Applicable

Suite Apt. #, etc. (22) — Suite Apt. #, etc. (27)
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State (23) — City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip (24) Country (25) — Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GULDEN, MALCOLM D.
2515 NW 63RD ST
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

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 607.0505 and 607.0508, 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. The 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] — 1/9/95

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GULDEN, MALCOLM D.
STREET ADDRESS	20859 VIA VALENCIA DRIVE
CITY, ST, ZIP	BOCA RATON FL
TITLE	VP
NAME	GULDEN, NANCY G.
STREET ADDRESS	2515 NW 63RD ST
CITY, ST, ZIP	BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP

☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP

☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP

☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP

☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP

☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP

14. I hereby certify that the above stated officers and directors listed are duly elected, authorized and qualified for the position indicated and that the information contained herein is true and correct to the best of my knowledge and belief. I further certify that the administrative dissolution of the corporation named above has been rescinded and that the corporation shall have the same legal effect as if such administrative dissolution had never occurred. I further certify that the corporation has paid all fees and penalties due to the Department of State for late filing of the annual report as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attached sheet with an asterisk.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

0250000 CP