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Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90010 011 ***158.75



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S05793

1. Corporation Name
MICROSMART OF FLORIDA, INC.

Principal Place of Business MICRO SMART OF FLORIDA, INC. 1000 HOLLAND DRIVE, SUITE 7 BOCA RATON FL 33487 US	Mailing Address MICRO SMART OF FLORIDA, INC. 1000 HOLLAND DRIVE, SUITE 7 BOCA RATON FL 33487 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/15/1990	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	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
City & State 23	City & State 28	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No		
Zip 24	Country 25	Zip 29	Country 30	

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 [Signature]	85 Zip Code FL
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 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

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 DP	☐ DELETE	1.1 TITLE Malcolm D. Gulden	☒ Change ☐ Addition
NAME GULDEN, MALCOLM D.		1.2 NAME	
STREET ADDRESS 20859 VIA VALENCIA DRIVE		1.3 STREET ADDRESS 2515 N.W. 63rd STREET	
CITY-ST-ZIP BOCA RATON FL		1.4 CITY-ST-ZIP BOCA RATON, FL 33496	
TITLE VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME GULDEN, NANCY G.		2.2 NAME	
STREET ADDRESS 2515 NW 63RD ST		2.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 #

1-4-99 561-441-8787

0364146

CR2E034 (11/98)