

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K51093

**Entity Name:** MICRO TYPING SYSTEMS, INC.

**Current Principal Place of Business:**

1295 SOUTH WEST, 29TH AVENUE  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

1295 SOUTH WEST, 29TH AVENUE  
POMPANO BEACH, FL 33069 US

**FEI Number:** 22-3329332

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DIRECTOR  
Name BUSKY, JOSEPH M.  
Address 1295 SOUTH WEST, 29TH AVENUE  
City-State-Zip: POMPANO BEACH FL 33069

Title DIRECTOR  
Name SANDERS, JOHN  
Address 1295 SOUTH WEST, 29TH AVENUE  
City-State-Zip: POMPANO BEACH FL 33069

Title TREASURER  
Name SANDERS, JOHN  
Address 1295 SOUTH WEST, 29TH AVENUE  
City-State-Zip: POMPANO BEACH FL 33069

Title PRESIDENT  
Name SMITH, CHRISTOPHER  
Address 1295 SOUTH WEST, 29TH AVENUE  
City-State-Zip: POMPANO BEACH FL 33069

Title DIRECTOR  
Name SMITH, CHRISTOPHER  
Address 1295 SOUTH WEST, 29TH AVENUE  
City-State-Zip: POMPANO BEACH FL 33069

Title DIRECTOR  
Name SCHLESINGER, MICHAEL  
Address 1295 SOUTH WEST, 29TH AVENUE  
City-State-Zip: POMPANO BEACH FL 33069

Title SECRETARY  
Name SCHLESINGER, MICHAEL  
Address 1295 SOUTH WEST, 29TH AVENUE  
City-State-Zip: POMPANO BEACH FL 33069

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN SANDERS

**TREASURER**

**04/23/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date