

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 496902 (8)

1. Corporation Name  
**MICRO SYSTEMS, INC.**



Principal Place of Business: 65 HILL AVENUE FORT WALTON BEACH FL 32548-3858  
Mailing Address: 65 HILL AVENUE FORT WALTON BEACH FL 32548-3858

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-fields for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: 02/18/1976  
3a. Date of Last Report: 04/11/1995  
4. FEI Number: 59-1654615  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

COOPER, LARRY W  
65 HILL AVENUE  
FORT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State, and Zip Code.

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COOPER, LARRY W.	
STREET ADDRESS	320 E HWY 98 #1201	
CITY-STATE-ZIP	DESTIN FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FERGUSON, THOMAS, JR.	
STREET ADDRESS	2005 S WIND TRACE RD	
CITY-STATE-ZIP	NAVARRE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
21 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE	V/S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Proctor, Cortez A.	
33 STREET ADDRESS	1542 Glenlake Circle	
34 CITY-STATE-ZIP	Niceville, FL 32578	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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.

SIGNATURE: *Thomas Ferguson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
THOMAS FERGUSON, JR.

April 5, 1996 (904) 244-2332  
Date Filed

CR2E034 (12/95)