

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 35 Hill Avenue Suite, Apt. #, etc. 22 City & State 23 Fort Walton Beach, FL Zip 24 32548	2a. Mailing Address 26 35 Hill Avenue Suite, Apt. #, etc. 27 City & State 28 Fort Walton Beach, FL Zip 29 32548	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 02/18/1976	4. FEI Number 59-1654615	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Name
Cooper, Larry W
82 Street Address (P.O. Box Number is Not Acceptable)
35 Hill Avenue
83
84 City
Fort Walton Beach **FL** **85 Zip Code**
32548

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	CD
STREET ADDRESS	COOPER, LARRY W.
CITY-ST-ZIP	320 E HWY 98 #1201 DESTIN FL
TITLE	<input type="checkbox"/> DELETE
NAME	PD
STREET ADDRESS	FERGUSON, THOMAS, JR.
CITY-ST-ZIP	2005 S WIND TRACE RD NAVARRE FL
TITLE	<input type="checkbox"/> DELETE
NAME	VSTD
STREET ADDRESS	PROCTOR, CORTEZ A.
CITY-ST-ZIP	1542 GLENLAKE CIRCLE NICEVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Thomas Ferguson Jr.* 4/21/98 8722442332

CR2E034 (10/97)