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

FILED Jan 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 550935 (1)MICHRON INCORPORATED Principal Place of Business Mailing Address 3489 GRIFFIN ROAD C/O R.L. LEVY FT. LAUDERDALE FL 33312 9704 SILLS DRIVE EAST STE 203 DO NOT WRITE IN THIS SPACE BOYNTON BEACH FL 33437 3. Date Incorporated or Qualified 11/08/1977 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-1776325 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DELUCA, AL 3489 GRIFFIN ROAD 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE, FL 83 33312 84 Zip Code 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 requ d when reinstating) OFFICERS AND DIRECTORS 12. TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition DELUCA, AL NAME 12 NAME 11448 LAKEVIEW DRIVE STREET ADDRESS 1.3 STREET ADDRESS CORAL SPRINGS FL CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 21 TITLE Change Addition NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2, 4 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition MAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET AODRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP ☐ DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 eath; 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

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

DELETE

Addition