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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 827106

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Signature, typed or printed name of registered agent and title	if applicable. (NOTE:	Registered Agent signature required		DATE	
2. OFFICERS AND DIRI	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
ITLE PD	☐ DELETE	1.1 TITLE	A A STATE OF THE S	Change	☐ Addition
AME WEINSTEIN, MYRON		1.2 NAMÉ			
TREET ADDRESS 1192 HORIZON VIEW DRIVE		1.3 STREET ADDRESS			
ITY-ST-ZIP SARASOTA FL		1.4 CITY-ST-ZIP			
TLE VPD .	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
IAME KOPP, ROLF		2.2 NAME			
TREET ADDRESS 30789 CLAY GULLEY ROAD		2.3 STREET ADDRESS			
HTY-ST-ZIP MYAKKA FL		2. 4 CITY-ST-ZIP			
TLE STD	☐ DELETE	3.1 TITLE		Change	Addition
AME SMITH, RONALD		3.2 NAME			
TREET ADDRESS 4711 OCEAN BLVD.		3.3 STREET ADDRESS	• • • •		
ITY-ST-ZIP SARASOTA FL		3.4. CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		級制閉
TLE	□ DELETE	4.1 TITLE		☐ Change	Addition
AME Symmetry to the		4. 2 NAME			
TREET ADDRESS	•	4.3 STREET ADDRESS			,
ITY-ST-ZIP		4.4 CITY-ST-ZIP			<u>. ;</u>
TLE .	☐ DELETE	5.1 TITLE	•	☐ Change	Addition
AME		5.2 NAME			
TREET ADDRESS		5.3 STREET ADDRESS			
ITY-ST-ZIP		5.4 CITY-ST-ZIP			
me प्राप्त वेश्याकाराका ने अंक्षेत्रका क	( DELETE	6.1 TITLE		☐ Change	☐ Addition
IAME		6.2 NAME			
TOFFT ADDOFFO		6.3 STREET ADDRESS			

**FILED** Jan 20, 1999 8:00am **Secretary of State** 

01-20-1999 90023 031 \*\*\*150.00

1. Corporation MICTROI									
Principal Place	of Business	Mai	ling Address				-		
6050 PORTER WAY SARASOTA FL 34232 SARASOTA FL 34232							•		
0		_					DO NOT WRITE IN THIS SI	PACE	
							3. Date Incorporated or Qualifed 11/29/1971		
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number	1	Applied For
4		26	<del>-</del>				59-1318770	ï	Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						Additional
2	_	27					J. Certificate of Status Desires	Fee I	Required
City & State	9		City & State				6. Election Campaign Financing		<b>0</b> May Be
:3		28					Trust Fund Contribution	Adde	d to Fees
Zip	Country	<u> </u>	Zip r	Cour	ntry		8. This corporation owes the current year Intan		
4	25	29		30			1 Crooklai t roporty taxii	Yes	□No
	9. Name and Address of Current	Registe	ered Agent		84	<b>N</b>	10. Name and Address of New Registered Ag	ent	
WEINSTEN, MYRON				81	Name			-	
192 HÖRIZON VIEW DRIVE				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		<u>6174 9184 1981</u>	
SAR	ASOTA FL 34242				83				
					84	City		85 Zij	o Code
- agent. I as	egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent	ons of, t	Section 607.0505, Fion	ida Statu	ites.	tne corporatio			
12.	OFFICERS AND	DIREC	TORS	13.			ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PD		☐ DELETE	1.1 TIT	LE			_ Chang	e Addition
NAME	WEINSTEIN, MYRON			1.2 NA	MÊ				1
STREET ADDRESS	ESS 1192 HORIZON VIEW DRIVE 1.33			1.3 STI	REET	ADDRESS			
CITY-ST-ZIP	SARASOTA FL 1.4		1.4 CIT	1.4 CITY-ST-ZIP					
TITLE	VPD <sub>ii</sub> .		☐ DELETE	2.1 TIT	Œ			Change	e 🗌 Addition
NAME	KOPP, ROLF			2.2 NA	ME				
STREET ADDRESS	30789 CLAY GULLEY ROAD			2.3 ST	REET	ADDRESS			
CITY-ST-ZIP			2. 4 Ci		T-ZIP		Chang	e Addition	
TITLE 1994	STD		☐ DELETE	3.1 TIT				_] Chang	e [] Addition
NAME	SMITH, RONALD			3.2 NA					
STREET ADDRESS	4711 OCEAN BLVD.					ADDRESS			
CITY-ST-ZIP	SARASOTA FL		C DELETE	3.4. CF		T-ZIP		☐ Chang	e Addition
TITLE			DELETE	4.1 TIT			, , ,		5 [_5,
NAME		,	1	4. 2 NA					
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CITY-ST-ZIP			☐ DELETE	4.4 CIT 5.1 TIT		1-ZIP		Chang	e Addition
TITLE			□ DELETE	5.1 111 5.2 NA			'		_
NAME				1		ADDRESS			
STREET ADDRESS				5.4 CIT		ì			1
CITY-ST-ZIP	The state of the s		☐ DELETE	6.1 TIT				Chang	e Addition
NAME	· 新新工作等 在			6.2 NA	ME			_	

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.

6.4 CITY-ST-ZIP

STREET ADDRESS