

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0116034

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 SEP 27 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000004156
1. Corporation Name
MACRO COMPUTER PRODUCTS, INC.



Principal Place of Business
2523 PRODUCT CT.
ROCHESTER HILLS MI 48309

Mailing Address
2523 PRODUCT CT.
ROCHESTER HILLS MI 48309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/10/1993

4. FEI Number
38-2354331

Applied For
☐ Not Applicable

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 owes the current year Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

ROSS, JAMES
499 NW 70TH AVE.
SUITE #111A
PLATATION FL 33317

10. Name and Address of New Registered Agent

81 Name
Doug Logan
82 Street Address (P.O. Box Number is Not Acceptable)
6544 S Highway N. 41 Suite 121B
83
84 City
Apollo Beach FL 85 Zip Code
33572

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

Doug Logan

9/12/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETED
P	SHELLENBARGER, DAVID	2523 PRODUCT CT.	ROCHESTER HILLS MI 48309	<input type="checkbox"/>
VP	WESTERN, JAMES	2523 PRODUCT CT.	ROCHESTER HILLS MI 48309	<input type="checkbox"/>
T	FERGUSON, BRUCE	2523 PRODUCT CT.	ROCHESTER HILLS MI 48309	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 of this report, or on an attachment with an address.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/99 (248) 853-5353

CR2E034 (5/99)