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Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000004712 (6)

1. Corporation Name
MODULAR COMPUTER SYSTEMS, INC.

Principal Place of Business

1850 W MCNAB RD
FT LAUDERDALE FL 33309
US

Mailing Address

1850 W MCNAB RD
FT LAUDERDALE FL 33309-1009
US



3. Date Incorporated or Qualified

10/19/1993

3a. Date of Last Report

02/02/1996

4. FEI Number

65-0437846

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ 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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~D-~~ ☒ DELETE
NAME STUPPERICH, KARL HEINZ
STREET ADDRESS LYONER STRASSE 9, D-06528
CITY - ST - ZIP FRANKFURT 70 GE

TITLE VO ☐ DELETE
NAME APPEL, MANFRED
STREET ADDRESS 810 VALENCIA DR.
CITY - ST - ZIP BOCA RATON FL

TITLE POD ☐ DELETE
NAME CLARY, JOHN
STREET ADDRESS 352 EASTWOOD TERRACE
CITY - ST - ZIP BOCA RATON FL

TITLE STO ☐ DELETE
NAME FLANAGAN, JAMES R
STREET ADDRESS 5840 NW 72 WAY
CITY - ST - ZIP PARKLAND FL

TITLE D ☒ DELETE
NAME WESTRICK, PETER
STREET ADDRESS 180 MT. AIRY RD.
CITY - ST - ZIP BASKIN NJ

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ~~DELETE~~ ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ~~DELETE~~ ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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:

James R. Flanagan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES R. Flanagan 2/4/97 954-977-1037
Date Daytime Phone #

CR2E034 (9/96)