



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

FILED

Apr 23 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F94000004748 (9)</b> 1. Corporation Name <b>MICRO SUPPORT PACKAGES, INC.</b>			
Principal Place of Business <b>1613 MAIN STREET DUNEDIN FL 34698 US</b>		Mailing Address <b>1613 MAIN STREET DUNEDIN FL 34698-4759 US</b>	
2. Principal Place of Business 21 <b>1587 MAIN STREET</b> Suite, Apt. #, etc. 22 <b>SUITE D</b> City & State 23 <b>DUNEDIN, FL</b> Zip 24 <b>34698</b>		2a. Mailing Address 26 <b>1587 MAIN STREET</b> Suite, Apt. #, etc. 27 <b>SUITE D</b> City & State 28 <b>DUNEDIN, FL</b> Zip 29 <b>34698</b>	
25 <b>US</b>		30 <b>US</b>	
9. Name and Address of Current Registered Agent <b>WHALEN, JOHN C 1958 LA GRANDE DR. DUNEDIN FL 34697</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <div style="text-align: right;"> <b>FL</b> 85 Zip Code       </div>	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CP</b>	NAME <b>WHALEN, JOHN C</b>	1.1 TITLE	1.2 NAME
STREET ADDRESS <b>1958 LA GRANDE DR.</b>	CITY-ST-ZIP <b>DUNEDIN FL 34697</b>	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Change Addition
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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>JOHN C. WHALEN</b>	
Date <b>4-17-97</b>		Daytime Phone # <b>813-754-8300</b>	



CR2E034 (9/96)