

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000001120 (3)

1. Corporation Name

MICROS OF SOUTH FLORIDA, INC.



Principal Place of Business

12000 BALTIMORE AVE
BELTSVILLE MD 20705-1291

Mailing Address

12000 BALTIMORE AVE
BELTSVILLE MD 20705-1291

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/09/1995

3a. Date of Last Report

4. FEI Number

APPLIED FOR 65-0561470

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST, SUITE 105
TALLAHASSEE FL 32301

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 in Block, in capital letters, last name, first name, middle initial

(NOTE: Registered Agent Signature required when changing status)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

CP
KOLSON, RONALD J
12000 BALTIMORE AVE
BELTSVILLE MD 20705

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

VD
KAUFMAN, GARY C
12000 BALTIMORE AVE
BELTSVILLE MD 20705

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

D
BROWN, LOUIS M JR
12000 BALTIMORE AVE
BELTSVILLE MD 20705

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

S
WILBERT, JUDITH F
12000 BALTIMORE AVE
BELTSVILLE MD 20705

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

T
WATSON, ROBERTA J
12000 BALTIMORE AVE
BELTSVILLE MD 20705

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Gary C. Kaufman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary C. Kaufman VP/CFO

4/25/96

301-210-6000

Telephone Number

CR2E034 (12/95)