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FILED

May 16 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 # 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 20705-1234

3. Date Incorporated or Qualified

03/09/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 852 SOUTH MILITARY TR

Suite, Apt. #, etc.

22 City & State

23 DEERFIELD BEACH, FL

24 33442

25 USA

2a. Mailing Address

26 14700 SWEITZER LANE

Suite, Apt. #, etc.

27 City & State

28 LAUREL, MD

29 20707

30 USA

4. FEI Number

65-0561470

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

9. Name and Address of Current Registered Agent

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

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	KOLSON, RONALD J	
STREET ADDRESS	12000 BALTIMORE AVE	
CITY - ST - ZIP	BELTSVILLE MD 20705	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KAUFMAN, GARY C	
STREET ADDRESS	12000 BALTIMORE AVE	
CITY - ST - ZIP	BELTSVILLE MD 20705	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, LOUIS M JR	
STREET ADDRESS	12000 BALTIMORE AVE	
CITY - ST - ZIP	BELTSVILLE MD 20705	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WILBERT, JUDITH F	
STREET ADDRESS	12000 BALTIMORE AVE	
CITY - ST - ZIP	BELTSVILLE MD 20705	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WATSON, ROBERTA J	
STREET ADDRESS	12000 BALTIMORE AVE	
CITY - ST - ZIP	BELTSVILLE MD 20705	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	J. Alan Hayman	
2.3 STREET ADDRESS	14700 Sweitzer Lane	
2.4 CITY - ST - ZIP	Laurel, MD 20707	
3.1 TITLE	V/T/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Richard W. Hayman	
3.3 STREET ADDRESS	14700 Sweitzer Lane	
3.4 CITY - ST - ZIP	Laurel, MD 20707	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Joseph Creegan	
4.3 STREET ADDRESS	852 South Military Trail	
4.4 CITY - ST - ZIP	Deerfield Beach, FL 33442	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Michael D. Dyer	
5.3 STREET ADDRESS	14700 Sweitzer Lane	
5.4 CITY - ST - ZIP	Laurel, MD 20707	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Michael D. Dyer

Michael D. Dyer

4/30/97

301-470-2111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0497886

CR2E034 (9/96)