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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600004316 (3)

MICRO PRODUCTS, INCORPORATED

7420	FULLERTON	ROAD.	STE	113

Principal Place of Business

Mailing Address

FILED Jan 21 1997 8:00am Secretary of State



7420 FULLERTON ROAD. STE 113 SPRINGFIELD VA 22153			7420 FULLERTON ROAD. STE 113 SPRINGFIELD VA 22153-2888				
					3. Date Incorporated or Qualified 08/22/1996	3a. Date of Last Report	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			54-1278381	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	<u> </u>	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip Country Zip		Countr	Country 8. This corporation has liability for intangible tax under s. 1				
24	25	29	30	Florida Statutes Yes No			
9. Name and Address of Current Registered Agent			1001		10. Name and Address of New Reg		
LCC			81	Name			
LEE, RICHARD M			ļ				
435 DOUGLAS AVENUE, STE 2705 ALTAMONTE SPRINGS FL 32714			82		reet Address (P.O. Box Number is Not Acceptable)		
[83	'			
			84	City		FL 85 Zip Code	
11. Pursuant to office or reagent. If a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta rn familiar with, and accept the obt	502 and 607,1508, Florida State of Florida. Such change walgations of, Section 607,0505,	tutes, the above as authorized by Florida Statute	re-named corpora by the corpora es.	poration submits this statement for the partion's board of directors. I hereby accep	urpose of changing its registered the appointment as registered	
SIGNATURE						· ·	
	Signature Typic or ordered sons of registered to			ent signature requ	ired when reinstating)	DATE CONTROL OF THE C	
12.		ND DIRECTORS DELETE	13.	_ 	ADDITIONS/CHANGES TO OFFIC		
TITLE	PCD	L DELETE	11 TITLE			☐ Change ☐ Addition	
NAME	LEE, RICHARD M	*	1.2 NAME				
STREET ADDRESS 8830 SEA OAKS WAY SOUTH, APT 304		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY -	ST-ZIP			
TITLE	SD	☐ DELETE	2.1 TITLE			Change Addition	
NAME	LEE, SANDRA C		2.2 NAME			Į	
STREET ADDRESS	8830 SEA OAKS WAY SOUT	'H, APT 304	2.3 STREE	T ADDRESS			
CITY-\$1-ZiP	VERO BEACH FL		2. 4 CITY	-ST-ZIP			
TITLE		L DELETE	3.1 TITLE			Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY	-ST - ZIP			
TITLE		DELETE	4.1 TITLE			Change Addition	
NAME			4. 2 NAMI				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY~	ST-ZIP		\	
TITLE		DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS				T ADORESS			
CITY-ST-ZIP			5.4 CITY -				
TITLE		DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME			- 0-	
1				}			
STREET ADDRESS				T ADDRESS			
CHY-ST-ZIP			64 CITY-	21-216			

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 as if chapter 607, with an address.

SIGNATURE:

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