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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000005228(8)

Microgistics, Inc.

Principal Place of Business

Mailing Address

May 04, 1999 8:00 am Secretary of State

05-04-1999 90068 004 ***150.00

4/8141 - 90068 - 4

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ella Camino Way Lantic, FL 32903	Indiations	_, FL 32903	DO NOT WRITE IN THI	IS SPACE	
251176271 6 04750					
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Place of Business	2a. Mailing Address		4. FEI Number	Api	olied For
		ou Callie Blue	59-3465591	<u> </u>	Applicable
	Suite, Apt. #, etc.	AN CHILL ON			
		<u> </u>			
te	City & State		6. Election Campaign Financing	\$5.00	May Be
bourne, FL	28 Melbourn	e, FL _	Trust Fund Contribution		- 1
Country	Zip	Country	8. This corporation owes the current year h		_
34 25 US	29 32934	30 US_	Personal Property Tax.	Yes	□No
9. Name and Address of Current I	Registered Agent		10. Name and Address of New Registered	d Agent	
parting service	CAMPANA	81 Name			
•		82 Street Add	ress (P.O. Box Number is Not Acceptable)		_
of Haus Street		000.7.1			
llahassee FL 32	3D1-2525	83			
,		84 City		85 Zip C	ode
				 , ,	
registered agent, or both, in the State of	Florida, Such change was a	uthorized by the corporati	poration submits this statement for the purpose to ion's board of directors. I hereby accept the appoint the submit is the control of the con	ointment as reg	istered
Signature, typed or printed name of registered agent a					
T=		_	ADDITIONS/CHANGES TO OFFICERS A		
President _		1.1 TITLE		Change	☐ Addition
Fitzgerald, Brendan					ł
	•	1.2 NAME			
487 Bella Camino L	i Day	1.2 NAME 1.3 STREET ADDRESS			
487 Bella Camino L Indiatlantic, FL	22403				
	32903 □ DELETE	1.3 STREET ADDRESS		☐ Change	☐ Addition
187 Bella Camino L Indiatlantic, FL	22403	1.3 STREET ADDRESS		☐ Change	☐ Addition
187 Bella Camino L Indiatlantic, FL	22403	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change	☐ Addition
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	Place of Business W. EAU Gallie Blrd #, etc. E. 200 te DOUCNE, FL Country 34 [25] US 9. Name and Address of Current I Poration Service Plays Street Ilahassee, FL 32 Ito the provisions of Sections 607.0502 in registered agent, or both, in the State of arm familiar with, and accept the obligation Signeture, typed or printed name of registered agent a OFFICERS AND	Place of Business W. Equ Gallie Blvd 26 4450 W. E. #, etc. E. 200 27 Suite, Apt. #, etc. City & State DOUTTE, FL 28 Melbourn Zip 3. Name and Address of Current Registered Agent DOUTTE Country 1. Poration Service Company 2. Hays Street Ilahassee, FL 32301-2525 It to the provisions of Sections 607.0502 and 607.1508, Florida Statut registered agent, or both, in the State of Florida. Such change was a arm familiar with, and accept the obligations of, Section 607.0505, Florida Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS	Place of Business W. Equ Gallie Blvd 26 4450 W. Equ Gallie Blvd #, etc. E. 200 27 Suite, Apt. #, etc. City & State DOUTTRE, FL 28 Melbourne, FL 29 32934 30 US 9. Name and Address of Current Registered Agent Poration Service Company 81 Name Plays Street 11 Apassee, FL 32301-2525 83 84 City It to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corregistered agent, or both, in the State of Florida. Such change was authorized by the corporate familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature requirements) OFFICERS AND DIRECTORS 13.	3. Date Incorporated or Qualifed 10-06-97 4. FEI Number 59-346591 #, etc. 28 4450 6. Equ Callie Blwd 59-346591 #, etc. 28 Melbourne FL 28 Melbourne FL 29 32934 30 US 9. Name and Address of Current Registered Agent Personal Property Tax. 9. Name and Address of Current Registered Agent Paradon Service Company 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 10 to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appart familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS A	3. Date Incorporated or Qualifed //O-O/G-97 4. FEI Number Sel WSD Lo. Equ Callie Blwd S9-34/6SS91 No. Equ Callie Blwd S9-34/6

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP