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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90053 032 ***150.00

1999	TO THE PARTY OF TH	
DOCUMENT #	U55775	

. Corporation	on Name	
WEBER	MICRO-SYSTEMS	CORPORATION

WEBER	MICRO-SYSTEMS CORPOR	AHUN				
Principal Place	e of Business	Mailing Address			((BB(M() E)E) B)(B) E(() (SEE() (DEE) E(() D))(C)	
2745 E. OAKLA 201 FT. LAUDERDAI US		2745 E. OAKLAND PARK BLVI 201 FT. LAUDERDALE FL 33306 US	D.		DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed 05/07/1985	SSPACE
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2584643	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 30	Country		This corporation owes the current year In Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered	Agent
2745 STE	ier, douglas J. 5 e. oakland park blyd 201 Lauderdale Fl 33306		81 82 83		dress (P.O. Box Number is Not Acceptable)	85 Zip Code
				1	<u>F1</u>	
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change was auth	iorized by	the corporat	poration submits this statement for the purpose o tion's board of directors. I hereby accept the appo	f changing its registered intment as registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Re	egistered Age	nt signature requi	red when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DP	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	DOUGLAS, WEBER		1.2 NAME			
		1.3 STREE	TADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL	_	1.4 CITY-S	T-ZIP		
TITLE	DST	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	WERER CHERLY I		2.2 NAME	1		

2745 E. OAKLAND PARK BLVD., #201 2.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURE: