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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J63467**

1. Corporation Name

MICROANALYTICS, INC.

Ennoppai en ace	e or ausiness	Mailing Address								
3065 FERMANAGH DRPO BOX 13854TALLAHASSEE FL 32308TALLAHASSEE FL 32317						DO NOT IA	DOTE AN TU	CODACE		
US		US	US			DO NOT WRITE IN THIS SPACE				
						3. Date ir corporated or Qualifi	ed			
_						03/25/1987				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			plied For	
21						<u>59-2786423</u>			t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 Additional Fee Required		
City & S at	e	City & State				6. Election Campaign Financin	g \square	\$5.00	May Be	
23		28	28			Trust Fund Contribution		Added to Fees		
Zip	Country	Zip				This corporation owes the current year Intangible				
24	25 29 30		30)		Personal Property Tax.		☐ Yes	[∃No	
		Current Registered Agent				10. Name and Address of Ne	v Registere	d Agent		
				81	Name					
SCH	ENKER, PAMELA S.						()-1-1			
3065			82	Street Add	dress (P.O. Box Number is Not Acce	ptable)				
TALLAHASSEE FL 32303				83						
				84	City		F	85 Zip	Code	
11 Pursuant	to the provisions of Sections 6	07.0502 and 607.1508. Florida Sta	tu es, the at	oove-	named co	poration submits this statement for t	he purpose	of changing its	registered	
office oct	agistored agent or both in the	e State of Florida. Such change was e obligations of, Section 607.0505,	s swithonzed	DV II	ne corporal	ion's board of cirectors. I hereby ac	ceptine app	John Line of as re	egistered	
SIGNATURE	Signature, typed or printed that to of regis	tered agent and title if applicable. (No	ン <u> </u>	<i>n (o</i> Agent :	signature requ	red when reinstating)	DATE	3/99		
12.		RS AND DIRECTORS,	13.			ADDITIC NS/CHANGES TO	OFFICERS	AND DIRECTO	DF\$ IN 12	
TITLE	Р	DELETE	1.1 TIT	LE				Change	☐ Addition	
NAME	HALL, PETER D.	/ `	1 2 NA	ME	1					
STREET ADDRESS	455 OLD HOLLOV/ RD		1.3 ST	1.3 STREET ADDRESS						
	SPERRYVILLE VA 22740		1.4 CiTY-ST-ZIP		Į					
CITY-ST-ZIP TITLE				2.1 TITLE				☐ Change	Addition	
	l '			2.2 NAME				_	/ `	
NAME	SCHENKER, PAMELA S.		2.3 STREET ADDRES		IDDDEGG					
STREET ADDRESS	3065 FERMANAGH DR		2.4 CITY-ST-ZIP		1			32:	308	
CITY-ST-ZIP	TALLAHASSEE FL				-ZIP			Change	Addition	
TITLE		DEFELE	31117		1			□ ouende		
NAME			3 2 NA							
STREET ADDRESS			3.3 ST	REET A	ADDRESS					
CITY-ST-ZIP			3.4. CI	TY-ST	-ZIP					
TITLE		☐ DELETE	4,1 TIT	ΙE				☐ Change	☐ Addition	
NAME			4.2 N	AME	- 1					
STREET ADDRESS			4.3 ST	REET /	ADDRESS					
CITY-ST-ZIP			4.4 CIT	TY-ST-	ZIP					
TITLE		☐ DELETE	5.1 TIT					Change	Addition	
NAME			5 2 NA	ME	1					
STREET ADDRESS			5.3 ST	REET A	ADDRESS					
			5,4 CI	TY-ST-	ZIP					
CITY-ST-ZIP		DELETE	6.1 T/T					Change	Addition	
		() beez (6.2 NA	ME				_ ,		
NAME										

14. 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 1.2 or Block 13 if changed, or one attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

OF SIGNING OFFICER OR DIRECTOR

850 893 6849