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

Block 12 or Block 13 if changed, or

Feb 27 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #**1. Corporation Name J68752 MICRO DELTA CORPORATION Principal Place of Business Mailing Address 1250 SW 21ST LANE 1250 SW 21ST LANE DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33486** BOCA RATON FL 33486 3. Date Incorporated or Qualified 04/22/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0083305 Not Applicable Suite Apt #, etc. Suite, Apt 1, etc. \$8.75 Additional 5. Certificate of Status Desired 図 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žio 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\sigma\) No Country Country 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **NOONAN, ROBERT** 1250 SW 21ST LANE 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33486** 83 85 Zip Code City 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 regelier diagent and title if applicab Rog-stered Agent signature OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PTD DELETE 1.1 TITLE Change Addition NAME NOONAN, ROBERT 12 NAME 3R2E034 1250 SW 21ST LANE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL.** CITY-ST-ZIP 1.4 CITY-ST-ZIP DETETE Change Addition TITLE 2.1 TITLE SVD NAME NOONAN, BARBARA 22 NAME STREET ADDRESS 1250 SW 21ST LANE 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 6.1 TITLE ___ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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 ophrastic empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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