

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
DIVISION OF CORPORATIONS



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:58

DOCUMENT # J72145 (2)
1. Corporation Name
MICROVEST, INC.

Principal Place of Business Mailing Address
% DALE CARTER % DALE CARTER
445 SW 10TH ST 445 SW 10TH ST
POMPANO BEACH FL 33060 POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2b. Mailing Address
21 26 S. LIME ST 26 S. LIME ST
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 FELLSMERE FL 23 FELLSMERE FL
Zip Country Zip Country
24 32948 25 IR 29 32948 30 IR

3. Date incorporated or Qualified 05/05/1987 3a. Date of Last Report 01/24/1994
4. FEI Number 65-0038243 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CARTER, DALE
445 SW 10TH ST
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent
81 Name DALE CARTER
82 Street Address (P.O. Box Number is Not Acceptable) 26 S. LIME ST
83 FELLSMERE
84 City FL 85 Zip Code 32948

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 *Dale Carter* DALE CARTER 3/18/95 DATE

12. OFFICERS AND DIRECTORS

TITLE	CP
NAME	CARTER, DALE
STREET ADDRESS	445 SW 10TH ST
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	ST
NAME	CARTER, ALICE O
STREET ADDRESS	445 SW 10TH ST
CITY-ST-ZIP	POMPANO BCH FL
Delete	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CP CARTER, DALE	
1.3 STREET ADDRESS	13155 88TH ST	
1.4 CITY-ST-ZIP	FELLSMERE, FL 32948	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dale Carter* DALE CARTER 3/18/95 407-571
DATE DATE
9069