

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # K01168 (9)**

1. Corporation Name

**MICROSYSTEM CONSULTANTS, INC.**

Principal Place of Business

**450 NE 20TH STREET  
SUITE 113  
BOCA RATON FL 33431**

Mailing Address

**450 NE 20TH STREET  
SUITE 113  
BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**11/09/1987**

3a. Date of Last Report

**05/01/1994**

4. FEI Number

**65-0032009**

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

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

Country

9. Name and Address of Current Registered Agent

**MARTIN, ROBERT A.  
3088 N.W. 27TH TERRACE  
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent

**B1** Name

**B2** Street Address (P.O. Box Number is Not Acceptable)

**B3**

**B4** City

**FL**

**B5** Zip Code

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**DP**  
**MARTIN, ROBERT A.**  
**3088 N.W. 27TH TERRACE**  
**BOCA RATON FL**

**11** TITLE  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**12** TITLE  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**13** TITLE  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**14** TITLE  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**15** TITLE  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1** TITLE ☐ Change ☐ Addition

**1.2** NAME  
**1.3** STREET ADDRESS  
**1.4** CITY - ST - ZIP

**2.1** TITLE  
**2.2** NAME  
**2.3** STREET ADDRESS  
**2.4** CITY - ST - ZIP

**3.1** TITLE  
**3.2** NAME  
**3.3** STREET ADDRESS  
**3.4** CITY - ST - ZIP

**4.1** TITLE  
**4.2** NAME  
**4.3** STREET ADDRESS  
**4.4** CITY - ST - ZIP

**5.1** TITLE  
**5.2** NAME  
**5.3** STREET ADDRESS  
**5.4** CITY - ST - ZIP

**6.1** TITLE  
**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)(b), Florida Statutes. I further certify that I am an officer or director of this 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.

SIGNATURE:

*Robert A. Martin*

**Robert A. MARTIN**

**4/28/95**

**(407) 487-0613**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #