FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 13 AM 10: 16

DOCUMENT # K81792 (9)

1. Corporation Name
MICROCYCLER, INC.

Principal Place of Business	Mailing Address
7575 DR. PHILLIPS BLVD STE 310 ORLANDO FL 32819	7575 DR. PHILLIPS BLVD STE 310 ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1989
3a. Date of Last Report: 08/09/1994
4. FEI Number: 59-3005624 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

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

HARGADON, E. WADE
7575 DR. PHILLIPS BLVD
STE 310
ORLANDO FL 32819

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	HARRELL, ROBERT M
STREET ADDRESS	11 N ORANGE #800
CITY ST ZIP	ORLANDO FL
TITLE	D
NAME	NDEDER, GEROGE A.
STREET ADDRESS	85 W MILLER., STE 104
CITY ST ZIP	ORLANDO FL
TITLE	DVC
NAME	FADEM, J.J.
STREET ADDRESS	1315 SOUTH ORANGE AVE
CITY ST ZIP	ORLANDO FL
TITLE	DST
NAME	HARGADON, E. WADE
STREET ADDRESS	7575 DR. PHILLIPS BLVD
CITY ST ZIP	ORLANDO FL
TITLE	DP
NAME	ZAGNOLI, ROLAND C.
STREET ADDRESS	7575 DR. PHILLIPS BLVD
CITY ST ZIP	ORLANDO FL
TITLE	D
NAME	OERTHER, GARY
STREET ADDRESS	9326 CYPRESS COVE DR
CITY ST ZIP	ORLANDO FL

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 ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP
6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E. Wade Hargadon — DIRECTOR – SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/95 Date
407-351-8674 Daytime Phone #