

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90071 011 ***150.00

DOCUMENT # L29002

1. Corporation Name

MICROSYSTEMS TECHNOLOGY, INC.

Principal Place of Business

ONE TAMPA CITY CENTER

TAMPA FL 33602

US

Mailing Address

ONE TAMPA CITY CENTER

TAMPA FL 33602

US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1989

4. FEI Number

59-2982899

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 401 E. JACKSON STREET

Suite, Apt. #, etc.

22 SUITE 1200

City & State

23 TAMPA, FL

Zip

24 33602

Country

25 USA

2a. Mailing Address

26 401 E. JACKSON STREET

Suite, Apt. #, etc.

27 SUITE 1200

City & State

28 TAMPA, FL

Zip

29 33602

Country

30 USA

9. Name and Address of Current Registered Agent

JACKSON, CHARLES W.
44 ADALIA AVENUE
TAMPA FL 33606

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

Charles W. Jackson, President

24 FEB 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME JACKSON, CHARLES W.

STREET ADDRESS 44 ADALIA AVENUE

CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME V SCHRAGE, SAMUEL L

STREET ADDRESS 1 TAMPA CITY CTR STE 2900

CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ DELETE

NAME MANDEL, STEVEN A

STREET ADDRESS 1 TAMPA CITY CTR STE 2900

CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ DELETE

NAME MARINIK, KENNETH M

STREET ADDRESS 1 TAMPA CITY CTR STE 2900

CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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 ☐ 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kenneth M. Marinik, Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99

Date

(813) 222-0414

Daytime Phone #

CR2E034 (11/98)