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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **L29002**
 1. Corporation Name
MICROSYSTEMS TECHNOLOGY, INC.



Principal Place of Business: ~~ONE TAMPA CITY CENTER~~
~~#2900~~
 TAMPA FL 33602
 US

Mailing Address: ~~ONE TAMPA CITY CENTER~~
~~#2900~~
 TAMPA FL 33602
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified:
11/13/1989

21. Principal Place of Business: **401 E. JACKSON STREET**
 Suite, Apt. #, etc.: **SUITE 1200**
 City & State: **TAMPA, FL**
 Zip: **33602** Country: **USA**

22. Mailing Address: **401 E. JACKSON STREET**
 Suite, Apt. #, etc.: **SUITE 1200**
 City & State: **TAMPA, FL**
 Zip: **33602** Country: **USA**

4. FEI Number: **59-2982899**

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

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* DATE: **24 FEB 1999**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, CHARLES W.	1.2 NAME	
STREET ADDRESS	44 ADALIA AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRAGE, SAMUEL L.	2.2 NAME	
STREET ADDRESS	1 TAMPA CITY CTR STE 2900	2.3 STREET ADDRESS	401 E. JACKSON STREET - SUITE 1200
CITY-ST-ZIP	TAMPA FL 33602	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANDEL, STEVEN A.	3.2 NAME	
STREET ADDRESS	1 TAMPA CITY CTR STE 2900	3.3 STREET ADDRESS	401 E. JACKSON STREET - SUITE 1200
CITY-ST-ZIP	TAMPA FL 33602	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINIK, KENNETH M.	4.2 NAME	
STREET ADDRESS	1 TAMPA CITY CTR STE 2900	4.3 STREET ADDRESS	401 E. JACKSON STREET - SUITE 1200
CITY-ST-ZIP	TAMPA FL 33602	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	GREIF, MARTIN A.
STREET ADDRESS		5.3 STREET ADDRESS	401 E. JACKSON STREET - SUITE 1200
CITY-ST-ZIP		5.4 CITY-ST-ZIP	TAMPA, FL 33602
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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* DATE: **2/24/99** DAYTIME PHONE #: **(813) 222-0414**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)