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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

| 1. Corporation | | 324 (| (6) | | | | | | |
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| MICRO TECHNIX, INC. | | | | | | | | | |
| Principal Place | e of Business | Mailing Address | • | | - · | - | | II DEBUG BIRIN BU | |
| SUITE 4-B | Ourtenay PKY. Island Fl 32953 | SUITE 4-B | rtenay PKY. And FL 32953 | | | | | | |
| US | NEATHO TE 02300 | U\$ | AND TE 32333 | | | 3. Date Incorporated or Qualified | 3a . Da | ate of Last R | |
| 2 Principal D | lace of Business | 2a. Mailing Addre | | | ·-···································· | 01/22/1990 4. FEI Number | | 05/01/1 | |
| H | doc of business | 2a. Mailing Addre | 355 | | | 59-2987066 | | ⊢ | Applied For Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, | etc. | , | | | 7 | | Additional |
| 2 | | 27 | | | | 5. Certificate of Status Desired | | | Required |
| City & State | e | City & State | | | | Election Campaign Financing Trust Fund Contribution | | | May Be |
| Ζιρ 4 | Country 25 | Zip 29 | 30 Cou | untry | | | s No | | 199.032, |
| | 9. Name and Address of Curr | rent Registered Agent | | | | 10. Name and Address of New | Registere | d Agent | |
| | | | | 81 | Name | | | | |
| | S TAYLOR, M | | | | Street Addre | ess (P.O. Box Number is Not Accepta | ble) | | |
| | N. COURTENAY PKWY. | | | 83 | | | | | |
| SUITE | | | | | | | | | |
| MERRITT ISLAND FL 32953 | | | | 84 | City | | F | 85 Zij | o Code |
| 1ai i iliai yy | accept the obligations of, se | ection 607.0505, Florida S | statutes. | | | ation submits this statement for the pr d of directors. I hereby accept the app | urpose of o pointment a | thanging its ras registered | egistered office agent. I am |
| SIGNATURE | Signature, typed or printed name of register) a age | ection 607.0505, Florida S | statutes. | d Agent s | | when reinstaling) | 4) é | 20/96 | |
| SIGNATURE | Signature, typed or printed name of register) a age | PATRICIA T ent and title if applicable | AYOR TA NOTE: Registered | d Agent s | | | 4) é | 20/96 | |
| SIGNATURE | Signature, typed or printed name of register) a go OFFICERS A V DAVIS, ROBERT E | PATRICIAT Pent and title if applicable AND DIRECTORS DELE | AYOR TA NOTE: Registered | d Agent s | | when reinstaling) | 4) é | ND DIRECTO | RS IN 12 |
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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 TREASURER

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

4/22/96 407-453-689

R2E034 (12/95)