FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L70291** **(4)**

1. Corporation Name

MICRO DEVELOPMENT TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
5975 W. SUNRISE BLVD. STE. 214-1 SUNRISE FL 33313-6813 US	5975 W SUNRISE BLVD. STE 214-1 STE. 214-1 SUNRISE FL 33313-6813 US

2. Principal Place of Business	2a. Mailing Address
21	26 5975 W Sunrise Blvd
Suite, Apt. #, etc. 22 Suite 208 B	Suite, Apt. #, etc. 27 Suite 208 B
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

3. Date Incorporated or Qualified: **05/02/1990**

3a. Date of Last Report: **04/20/1995**

4. FEI Number: **65-0191798** ☐ 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

9. Name and Address of Current Registered Agent

THOMPSON, JUANITA
5975 W SUNRISE BLVD, STE 214-1
SUNRISE PROFESSIONAL CTR
SUNRISE FL 33313

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
5975 W Sunrise Blvd, Suite 208 B

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1505, 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	☐ DELETE	11 TITLE	XX Change ☐ Addition
NAME	MADEN, FRANKLIN JOSE		12 NAME	
STREET ADDRESS	5975 W SUNRISE BLVD, STE 214-1		13 STREET ADDRESS	5975 W Sunrise Blvd, Suite 208 B
CITY-ST-ZIP	SUNRISE FL		14 CITY-ST-ZIP	
TITLE	STM	☐ DELETE	21 TITLE	XX Change ☐ Addition
NAME	MADEN, JUANITA THOMPSON		22 NAME	
STREET ADDRESS	5975 W SUNRISE BLVD, STE 214-1		23 STREET ADDRESS	5975 W Sunrise Blvd, Suite 208 B
CITY-ST-ZIP	SUNRISE FL		24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, accurate, and complete. In addition, 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 added, in Block 13 with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96 Date

954-581-7878 Daytime Phone #