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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90026 016 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L70291			
1. Corporation Name MICRO DEVELOPMENT TECHNOLOGIES, INC.			
Principal Place of Business 5975 W. SUNRISE BLVD. SUITE 208B SUNRISE FL 33313-6813 US		Mailing Address 5975 W SUNRISE BLVD SUITE 208B SUNRISE FL 33313-6813 US	
2. Principal Place of Business 21 5739 West Sunrise Blvd		2a. Mailing Address 26 5739 West Sunrise Blvd	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23 Plantation, FL		City & State 28 Plantation, FL	
Zip Country 24 33313 25 USA		Zip Country 29 33313 30 USA	
9. Name and Address of Current Registered Agent THOMPSON, JUANITA 5975 W SUNRISE BLVD SUITE 208B SUNRISE FL 33313		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 5739 West Sunrise Blvd 83 84 City Plantation FL 85 Zip Code 33313	
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 <u>April 6, 1999</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD MADEN, FRANKLIN JOSE 5975 W SUNRISE BLVD SUITE 208B SUNRISE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5739 West Sunrise Blvd Plantation, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STM MADEN, JUANITA THOMPSON 5975 W SUNRISE BLVD SUITE 208B SUNRISE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5739 West Sunrise Blvd Plantation, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

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

Juanita Thompson 4/6/99

954-581-7878

Date

Daytime Phone #

CR2E034 (11/98)