FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L91575** **(5)**

1. Corporation Name
MICROFLEX INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1810 LAKELAND HILLS BLVD. LAKELAND FL 33805	1810 LAKELAND HILLS BLVD. LAKELAND FL 33805 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1990
3a. Date of Last Report: 07/26/1994
4. FEI Number: 59-3023590 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26 PO Box 90067
22 Suite, Apt #, etc	27 Suite, Apt #, etc.
23 City & State	28 City & State: Lakeland, FL
24 Zip / 25 Country	29 Zip: 33804-0067 / 30 Country: US

9. Name and Address of Current Registered Agent

STANGL, JOHN
1016 COLONY PARK DRIVE
LAKELAND FL 33813

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 ______ DATE
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	D	11 TITLE	☒ Change ☐ Addition
NAME	STANGL, OTTO	12 NAME	Delete
STREET ADDRESS	1118 LAKE POINT DR	13 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	STANGL, MARGARITA	22 NAME	Delete
STREET ADDRESS	1118 LAKE POINT DR	23 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	MONTERO, JR. E F.	32 NAME	
STREET ADDRESS	77 WOODSIDE DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	34 CITY-ST-ZIP	
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	STANGL, JOHN C	42 NAME	
STREET ADDRESS	1016 COLONY PARK DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	MONTERO, EMILIO F	52 NAME	Delete
STREET ADDRESS	2015 REANY ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	T/V ☐ Change ☒ Addition
NAME		62 NAME	FLOYD, CHRISTOPHER J.
STREET ADDRESS		63 STREET ADDRESS	2015 BRENTWOOD DR.
CITY-ST-ZIP		64 CITY-ST-ZIP	AUBURNDALE, FL 33823

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] / CHRISTOPHER J. FLOYD 4/28/95 (813)687-3446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0314974 CP