CORPORATION
ANNUAL REPORT
1995

Barbara B. Markham
Secretary of State
DIVISION OF CORPORATIONS

FILED
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DIVISION OF CORPORATIONS
95 APR 13 PM 2:44

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1. Corporation Name
UNIPROMPT MICROSYSTEMS, INC.

Principal Place of Business	Mailing Address
% WILLIAM.C. HARRIS 276 SAUSALITO BLVD CASSELBERRY FL 32707	% WILLIAM.C. HARRIS 276 SAUSALITO BLVD CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/11/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

4. FEI Number: 59-2887482 ☐ 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

WILLIAM C. HARRIS
276 SAUSALITO BLVD
CASSELBERRY FL 32707

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 mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VCS	1 1 TITLE	☐ Change ☐ Addition
NAME	GLOVER, PAUL S.	1 2 NAME	
STREET ADDRESS	276 SAUSALITO BLVD	1 3 STREET ADDRESS	
CITY ST ZIP	CASSELBERRY FL	1 4 CITY ST ZIP	
TITLE	DP	2 1 TITLE	☐ Change ☐ Addition
NAME	HARRIS, WILLIAM C.	2 2 NAME	
STREET ADDRESS	276 SAUSALITO BLVD	2 3 STREET ADDRESS	
CITY ST ZIP	CASSELBERRY FL	2 4 CITY ST ZIP	
TITLE	T	3 1 TITLE	☐ Change ☐ Addition
NAME	GLOVER, PAUL S.	3 2 NAME	
STREET ADDRESS	276 SAUSALITO BLVD	3 3 STREET ADDRESS	
CITY ST ZIP	CASSELBERRY FL	3 4 CITY ST ZIP	
TITLE	D	4 1 TITLE	☐ Change ☐ Addition
NAME	RICHARDSON, HAMILTON	4 2 NAME	
STREET ADDRESS	666 UNITED NATIONS PLAZA	4 3 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	4 4 CITY ST ZIP	
TITLE	S	5 1 TITLE	☒ Change ☐ Addition
NAME	KALES, MICHAEL J.	5 2 NAME	S KALIS, MICHAEL J.
STREET ADDRESS	276 SIMSALITO BLVD	5 3 STREET ADDRESS	276 SAUSALITO BLVD.
CITY ST ZIP	CASSELBERRY FL	5 4 CITY ST ZIP	CASSELBERRY, FL
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

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)(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.

SIGNATURE: Michael J Kalis 4/4/95 (407) 539-8649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Michael J Kalis

0097230 CP