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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P13988

(1)

1. Corporation Name
MICA FLO I INC.



Principal Place of Business
9444 FARNHAM, STE 100
SAN DIEGO CA 92123-1309

Mailing Address
9444 FARNHAM, STE 100
SAN DIEGO CA 92123-1396

3. Date Incorporated or Qualified 04/10/1987
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

21 777 SOUTH FLAGLER DRIVE
Suite, Apt. #, etc.

22 City & State
WEST PALM BEACH, FL

23 Zip 33401 County

24 33401 25

2a. Mailing Address

26 777 SOUTH FLAGLER DRIVE
Suite, Apt. #, etc.

27 City & State
WEST PALM BEACH, FL

28 Zip 33401 County

29 33401 30

4. FEI Number 33-0220041
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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MUEHLBERT, ROBERT	
STREET ADDRESS	9444 FARNHAM, S100	
CITY - ST - ZIP	SAN DIEGO CA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SUNSERI, DENISE	
STREET ADDRESS	9444 FARNHAM S100	
CITY - ST - ZIP	SAN DIEGO CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOSEPH PAUL	
1.3 STREET ADDRESS	777 SOUTH FLAGLER DRIVE	
1.4 CITY - ST - ZIP	WEST PALM BEACH, FL 33401	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MICHAEL KARSCH	
2.3 STREET ADDRESS	777 SOUTH FLAGLER DRIVE	
2.4 CITY - ST - ZIP	WEST PALM BEACH, FL 33401	
3.1 TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PAUL ANDREW SHAW	
3.3 STREET ADDRESS	777 SOUTH FLAGLER DRIVE	
3.4 CITY - ST - ZIP	WEST PALM BEACH, FL 33401	
4.1 TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JEFFREY GOFFMAN	
4.3 STREET ADDRESS	777 SOUTH FLAGLER DRIVE	
4.4 CITY - ST - ZIP	WEST PALM BEACH, FL 33401	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0505(1), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 832-0006

0003181

CR2E034 (9/96)