

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 # **P24154** (7)

1. Corporation Name

MICRO-PLATE/SYSTEMS, INC.



Principal Place of Business

Mailing Address

12200 34TH STREET NORTH
CLEARWATER FL 34622
US

12200 34TH STREET NORTH
CLEARWATER FL 34622
US

2. Principal Place of Business

21 1551 102nd Avenue North

2a Mailing Address

26 1551 102nd Avenue North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State
St. Petersburg, FL

27 City & State
St. Petersburg, FL

24 Zip Country
33716 Pinellas

28 Zip Country
33716 Pinellas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAHONEY, ROBERT L.
MICRO-PLATE/SYSTEMS
12200 34TH STREET NORTH
CLEARWATER FL 34622

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 NAME ☐ DELETE

PCD
BROWN, STUART
44 CAMPANELLI PARKWAY
STOUGHTON MA

TITLE NAME ☐ DELETE

D
BARR, GREG
111 WESTMINSTER STREET
PROVIDENCE R.

TITLE NAME ☐ DELETE

D
SMITH, RIORDON
111 WESTMINSTER ST.
PROVIDENCE RI 02903

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 FEB 1996

Date

Daytime Phone #

CR2E034 (12/95)