

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 10 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 # **P35864** (8)
1. Corporation Name
MICRO-ERGICS, INC.

Principal Place of Business 401 CORBETT STREET 300 CLEARWATER FL 34616-4163 US	Mailing Address 401 CORBETT STREET 300 CLEARWATER FL 34616-7312 US
--	--

3. Date Incorporated or Qualified 10/09/1991	3a. Date of Last Report 06/19/1996
4. FEI Number 87-0468078	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**EVERTON, KEITH D.
401 CORBETT STREET
SUITE 300
CLEARWATER FL 34616**

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's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP EVERTON, KEITH D. 401 CORBETT STREET, SUITE 300 CLEARWATER FL CITY-ST-ZIP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERTON, KEITH D.	1.2 NAME	
STREET ADDRESS	401 CORBETT STREET, SUITE 300	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	DV EVERTON, C.R. 401 CORBETT STREET, SUITE 300 CLEARWATER FL CITY-ST-ZIP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERTON, C.R.	2.2 NAME	
STREET ADDRESS	401 CORBETT STREET, SUITE 300	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	DST HILLER, RORY R. 401 CORBETT STREET, SUITE 300 CLEARWATER FL CITY-ST-ZIP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLER, RORY R.	3.2 NAME	
STREET ADDRESS	401 CORBETT STREET, SUITE 300	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 **K. D. Everton**

K. D. Everton

2/3/97

813-441-8808

CR2E034 (9/96)