

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 10 1997 8:00am  
Secretary of State

DOCUMENT # P93000007099 (3)

1. Corporation Name  
MICROGUYS, INC.



Principal Place of Business

151 MARY ESTHER BLVD. SUITE #408  
MARY ESTHER FL 32569-1965

Mailing Address

151 MARY ESTHER BLVD. SUITE #408  
MARY ESTHER FL 32569-1975

3. Date Incorporated or Qualified  
01/25/1993

3a. Date of Last Report  
04/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-3263811

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

BROWN, COLLEEN D  
204 DUMAINE  
FT. WALTON BEACH FL 32547

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1731 FULLER Rd

83

84 City

FL

85 Zip Code

32561

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 type for provisions of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P BROWN, COLLEEN D	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	204 DUMAINE	12 NAME	
STREET ADDRESS	FT. WALTON BEACH FL 32547	13 STREET ADDRESS	1731 FULLER Rd
CITY - ST - ZIP		14 CITY - ST - ZIP	GULF BREEZE, FL 32561
TITLE	VPT BROWN, HOWARD L	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	204 DUMAINE	22 NAME	
STREET ADDRESS	FT. WALTON BEACH FL 32547	23 STREET ADDRESS	1731 FULLER Rd
CITY - ST - ZIP		24 CITY - ST - ZIP	GULF BREEZE, FL 32561
TITLE	S TURNER, TRACY E	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RT. 1 BOX 28-C	32 NAME	
STREET ADDRESS	FREEPORT FL 32439	33 STREET ADDRESS	348 JUNIPER DR
CITY - ST - ZIP		34 CITY - ST - ZIP	FREEPORT
TITLE	SD BROWN, COLIN H	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3248 STANFORD RD.	42 NAME	
STREET ADDRESS	GULF BREEZE FL 32561	43 STREET ADDRESS	3168 CLEMSON Rd
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	SD BROWN, HEATH A	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	50 BISHOP	52 NAME	
STREET ADDRESS	FT. WALTON BEACH FL	53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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:

Colleen D. Brown  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-97 904-664-6413  
Date Daytime Phone #

CR2E034 (9/96)