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 # **P93000014322 (0)**

1. Corporation Name
MICRO SYS ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4505 PARK BLVD. STE. 6 PINELLAS PARK FL 34665 US	4505 PARK BLVD. STE. 6 PINELLAS PARK FL 34665 US

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 ___

3. Date Incorporated or Qualified: 02/15/1993
3a. Date of Last Report: 07/28/1995
4. FEI Number: 59-3166057 ☐ 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**

JACOBSON, GORDON O
5750 MDINIGHT PASS ROAD
SUITE 402E
SARASOTA FL 34242

10. **Name and Address of New Registered Agent**

81 Name: DUFF, DAVID
82 Street Address (P.O. Box Number is Not Acceptable): 7189 47TH AVENUE N.
83
84 City: ST. PETERSBURG FL 85 Zip Code: 33709

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] 5/20/96
Signature, typed or printed name of registered agent ... DATE

12. OFFICERS AND DIRECTORS

TITLE	D ☒ DELETE
NAME	JACOBSON, GORDON O
STREET ADDRESS	5750 MIDNIGHT PASS ROAD SUITE 402E
CITY-ST-ZIP	SARASOTA FL 34242
TITLE	D ☐ DELETE
NAME	DUFF, DAVID
STREET ADDRESS	7189 47TH AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG FL 33709
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	M	☐ Change ☒ Addition
3.2 NAME	VAN KRALINGEN, GERARDUS	
3.3 STREET ADDRESS	6274 33RD AVE, N.	
3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33710	
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] 5/20/96 (813) 526-6059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)