

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000014650 (4)

1. Corporation Name

J.P. MICRO INTERNATIONAL INC.



Principal Place of Business

1155 NEVADA DRIVE N.E.
PALM BAY FL 32907

Mailing Address

1155 NEVADA DRIVE N.E.
PALM BAY FL 32907

3. Date Incorporated or Qualified
02/26/1993

3a. Date of Last Report
08/14/1995

2. Principal Place of Business

2a. Mailing Address

21 1640 SUNNYBROOK LANE NE

26 1640 SUNNYBROOK LANE NE

4. FEI Number

59-3178674

Applied For

Not Applicable

Suite, Apt. #, etc.

A105

Suite, Apt. #, etc.

A105

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 PALM BAY FLORIDA

City & State

28 PALM BAY FLORIDA

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

24 32905-6533

Country

25 USA

Zip

29 32905-6533

Country

30 USA

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

JAGROOP, PAUL
1155 NEVADA DRIVE N.E.
PALM BAY FL 32907

10. Name and Address of New Registered Agent

81 Name JAGROOP PAUL
82 Street Address (P.O. Box Number is Not Acceptable) 1640 SUNNYBROOK LANE NE # A105
83 PALM BAY
84 City
85 Zip Code FL 32905-6533

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 D DELETE
NAME JAGROOP, PAUL
STREET ADDRESS 1155 NEVADA DR N.E.
CITY-ST-ZIP PALM BAY FL 32907

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D Change Addition
1.2 NAME JAGROOP PAUL
1.3 STREET ADDRESS 1640 SUNNYBROOK LANE NE # A105
1.4 CITY-ST-ZIP PALM BAY, FLORIDA - 32905-6533

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] P. JAGROOP DIRECTOR 4-25-96. (407) 951-0545.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)