FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

19	996	DIVISION OF CO	DRPORATIONS		
DOCUM 1. Corporation N	IENT # P9300	0042009 (9)			
MICRO	DRI SYSTEMS, INC.			 	H GONH BONK BIRIO HIBH BONK BONG 1811 1861
Principal Place of Business		Mailing Address			
104 FOUNTAIN PORT CHARLO	n street Otte FL 33953	104 FOUNTAIN STREET PORT CHARLOTTE FL 33	953		
				3. Date Incorporated or Qualified 06/09/1993	3a. Date of Last Report 04/19/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0415644	Applied For Not Applicable
21		26			\$8.75 Additional
Suite, Apt. #. etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & State		Oty & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation has liability for Florida Stalutes	intangible tax under s. 199.032, s. [] No
24	25 9. Name and Address of Currer		30]	10. Name and Address of New	
	9. Name and Address of Corre	Trogistored rigon	81 Name		
RUTAN, GERALD A 82 Street Ac			82 Street Add	ress (P.O. Box Number is Not Accepta	ble)
104 FOU	INTAIN STREET				
PORT CHARLOTTE FL 33953			83		
			84 City		FL 85 Zip Code
or registere familiar with	o the provisions of Sections 607,050 ad agent, or both, in the State of Florin, and accept the obligations of Sec	tion 607.0605, Florida Statutes	the above named corporation's box By the corporation's box By about Age 1 system is pictured.	agal activities to constate qu	DAIL
12.		NO DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	P	□ DELETE	1 1 TILLE		Change 🔲 Addition
NAME	RUTAN, GERALD A		1.2 NAME		
STREET ADDRESS	104 FOUNTAIN STREET		13 STREET ADORESS		
CITY -ST - ZIP	PORT CHARLOTTE FL ST	☐ DELETE	1.4 CHY - ST - ZIP 2.1 TiTLE		Change Addition
TITLE	RUTAN, JOAN C	_ better	2 2 NAME		-
NAME STREET AUDRESS	104 FOUNTAIN STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL		2.4 GITY - S7. ZIP		
THILE		☐ DELETE	3 1 HF.£		Change 🔲 Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST ZIP		[] DELETE	3.4 CITY - ST - ZIP 4.1 III. E		Change Addition
TATLE		□ nec re	4.2 NAME		<u> </u>
NAME STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4.C-TY - ST - Z-P		
THEF		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - S1 - ZIP		DELETE	5.4 C-TY - ST - ZiP 6.1 TITLE		Change Addition
TITLE		L1 nere re	6.2 NAME		
NAME OTDELL ADDRESS			6 3 STREET ADORESS		
STREET ADDRESS CITY-S1-ZIP			6.4 CiTY - \$1 - ZIP		

14. Too hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 113 07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or suppliermental annual report is true and accurate and that my signature shall have the same legal effect as if made under coath, that I am an officier or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607. Horida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OF PRATED NAME OF SIGNING OFFICER OF DIRECTOR

Day 1996

Figure 1997

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