

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000058859 (8)**

1. Corporation Name

MICRODATA CORP.



Principal Place of Business

**3001 EXECUTIVE DRIVE
SUITE 270
CLEARWATER FL 34622
US**

Mailing Address

**3001 EXECUTIVE DRIVE
SUITE 270
CLEARWATER FL 34620
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/23/1993

3a. Date of Last Report

08/15/1995

4. FET Number

59-3198102

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

10. Name and Address of New Registered Agent

**STATHAM, JOHN
3001 EXECUTIVE DRIVE
SUITE 270
CLEARWATER FL 34622**

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 of Registered Agent (must be signed by the person)

Signature of Registered Agent (must be signed by the person)

Date

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.	13.
TITLE	1. TITLE
NAME	2. NAME
STREET ADDRESS	3. STREET ADDRESS
CITY, ST, ZIP	4. CITY, ST, ZIP
TITLE	5. TITLE
NAME	6. NAME
STREET ADDRESS	7. STREET ADDRESS
CITY, ST, ZIP	8. CITY, ST, ZIP
TITLE	9. TITLE
NAME	10. NAME
STREET ADDRESS	11. STREET ADDRESS
CITY, ST, ZIP	12. CITY, ST, ZIP
TITLE	13. TITLE
NAME	14. NAME
STREET ADDRESS	15. STREET ADDRESS
CITY, ST, ZIP	16. CITY, ST, ZIP
TITLE	17. TITLE
NAME	18. NAME
STREET ADDRESS	19. STREET ADDRESS
CITY, ST, ZIP	20. CITY, ST, ZIP

13.	14.
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NAME	2. NAME
STREET ADDRESS	3. STREET ADDRESS
CITY, ST, ZIP	4. CITY, ST, ZIP
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NAME	6. NAME
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TITLE	13. TITLE
NAME	14. NAME
STREET ADDRESS	15. STREET ADDRESS
CITY, ST, ZIP	16. CITY, ST, ZIP
TITLE	17. TITLE
NAME	18. NAME
STREET ADDRESS	19. STREET ADDRESS
CITY, ST, ZIP	20. CITY, ST, ZIP

14. I 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. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

222-96 573-5700

CR2E034 (12/95)