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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 24 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000058859 (8)

## MICRODATA CORP.

Principal Place of Business

SIGNATURE:

| 3001 EXECUTIVE DRIVE<br>SUITE 270<br>GLEARWATER FL 34622<br>US |   | 3001 EXECUTIVE DRIVE<br>SUITE 270<br>CLEARWATER FL 34622-3389<br>US                                    |                        |              | 3. Date Incorporated or Qualified | 120 D   | ate of Last F            | Panort         |                        |
|--|---|--|------------------------|--------------|-----------------------------------|---|--------------------------|----------------|------------------------|
|  |   |  |                        |              |                                   | 08/23/1993 02/27  |                          |                | *                      |
|  | ace of Business   | 2a. Mailing Address  |                        |              |                                   | 4. FEI Number   |                          | <del></del>    | pplied For             |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |                        |              |                                   | 59-3198102  |                          |                | ot Applicable          |
| 22   |   | h  | 27                     |              |                                   | 5. Certificate of Status Desired  |                          |                | Additional<br>legulred |
| City & State   |   | City & State   |                        |              |                                   | 6. Election Campaign Financing  |                          |                | May Be                 |
| 23   |   | 28   | 28                     |              |                                   | Trust Fund Contribution   |                          |                | to Fees                |
| Zip  | Country   | Zip  | Countr                 | У            |                                   | 8. This corporation has liability for   | intangible               | tax under s    | s. 199.032,            |
| 24   | 25  |  | ю                      |              |                                   |   | Yes [                    |                |                        |
|  | g. Name and Address of Current  | Registered Agent   |                        |              |                                   | 10. Name and Address of New Re  | gistered                 | Agent          |                        |
|  | THAM, JOHN  |  | 81                     | '   '        | Name                              |   |                          |                |                        |
|  | EXECUTIVE DRIVE   |  | 82 Street Addr         |              |                                   | ess (P.O. Box Number is Not Acceptab  | ole)                     |                |                        |
|  | E 270   |  | 83                     | _            |                                   |   |                          |                |                        |
| CLE  | ARWATER FL 34622  |  | 65                     | •            |                                   |   |                          |                |                        |
|  |   |  | 84                     | 4            | City                              |   | FL                       | 85 Zip         | Code                   |
| 44 Purecant I  | to the provisions of Sections 607.0502  | 2 and 607 1508. Florida Statutes   | the abov               | ve-r         | named come                        | oration submits this statement for the r  |                          | f changing i   | its registered         |
| office or re   | egistered agent or both, in the State in familiar with any accept the obliga  | A Florida, Such change was au<br>Leas of, Section 607,0505, Flori                                      | thorized b             | oy ti        | he corporation                    | oration submits this statement for the pon's board of directors. I hereby acception | ot the app               | pointment as   | registered             |
| SIGNATURE  | How &   | ear (  |                        |              |                                   |   |                          |                |                        |
|  | Signature, typed or printed name of progressived ager   | ·  |                        | gent         | signature require                 | ed when reinstating)  | DATE                     | - hineara      |                        |
| 12.  | OFFICERS AND  | DELETE   | 13.                    |              | <del></del>                       | ADDITIONS/CHANGES TO OFFIC  | ERS ANI                  | DIRECTO        | RS IN 12 Addition      |
| TITLE<br>NAME  | STATAHAM, JOHN C H  | DELLIE   | 1.3 HILE               |              |                                   |   |                          | Orange         | C-T ridaisan           |
| STREET ADDRESS   | 3001 EXECUTIVE DRIVE #270   |  | 1.3 STREE              |              | nnorce                            |   |                          |                |                        |
| CITY-ST-ZIP  | CLEARWATER FL   |  | 1.4 CITY-              |              | 1                                 |   |                          |                |                        |
| TITLE  | VSD   | DELETE   | 2.1 TITLE              |              | Z4F                               |   |                          | Change         | Addition               |
| NAME   | REED, KARA E  |  | 2.2 NAME               |              |                                   |   |                          |                |                        |
| STREET ADDRESS   | 3001 EXECUTIVE DRIVE, #270  |  | 2.3 STREE              | ET AL        | DORESS                            |   |                          |                |                        |
| CITY - ST - ZIP  | CLEARWATER FL   |  | 2. 4 CITY              | - \$1-       | -ZIP                              |   | • •                      |                |                        |
| TETLE  | DELETE  |  | 3.1 TITLE              | 3.1 TITLE    |                                   |   |                          | Change         | Addition               |
| NAME   |   |  | 3.2 NAME               | Ē            |                                   |   |                          |                |                        |
| STREET ADDRESS   |   |  | 3.3 STREE              | et al        | DORESS                            |   |                          |                |                        |
| CHY-ST-ZIP   |   |  | 3.4. CITY              |              | - ZIP                             |   |                          | 7 1 0.         |                        |
| TITLE  |   | ☐ DELETE   | 4.1 TITLE              |              |                                   |   |                          | Change         | Addition               |
| NAME   |   |  | 4. 2 NAM               | -            |                                   |   |                          |                |                        |
| STREET ADDRESS   |   |  | 4.3 STREE              |              | ļ                                 |   |                          |                |                        |
| CITY - ST - ZIP<br>TITLE                                       |   | DELETE   | 4.4 CITY-<br>5.1 TITLE |              | ZIP                               |   |                          | Change         | Addition               |
| NAME   |   | occent   | 5.2 NAME               |              |                                   |   |                          | Em change      |                        |
| STREET ADDRESS   |   |  | 5.3 STREI              |              | DUBECC                            |   |                          |                |                        |
| CITY-ST-ZIP  |   |  | 5.4 CITY-              |              |                                   |   |                          |                |                        |
| TITLE  |   | DELETE   | 6.1 TITLE              |              |                                   |   |                          | Change         | Addition               |
| NAME   |   |  | 6.2 NAME               |              | }                                 |   |                          | •              |                        |
| STREET ADDRESS   |   |  | 6.3 STREI              |              | DORESS                            |   |                          |                |                        |
| CITY-ST-ZIP  |   |  | 64 CITY                |              |                                   |   |                          |                |                        |
| 14. I do heret   | by certify that the information supplied  | with this filing does not qualify  | for the ex             | (em          | notion stated                     | in Section 119.07(3)(i), Florida Statute  | s. I furthe              | er certify tha | it the                 |
| Information I am an or appears i                               | in inuicated on this annual report or s<br>Hijeer or director of the corporation or<br>in Block 12 or Block 13 if changed, or | upplemental annual report is tru<br>the receiver of trustee empower<br>on an attachine it with an addr | red to exe<br>ess.     | oura<br>ecul | are and mat<br>te this report     | my signature shall have the same lega<br>t as required by Chapter 607, Florida 9    | a enect a<br>Statutes; a | and that my    | name                   |