

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

FILED

Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000064550 (5)

1. Corporation Name

MODULAR AUTOMATION STORAGE SYSTEMS, INC.

Principal Place of Business

3650 CORAL RIDGE DRIVE, SUITE 109
CORAL SPRINGS FL 33065

Mailing Address

3650 CORAL RIDGE DRIVE, SUITE 109
CORAL SPRINGS FL 33065-2559



2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

09/16/1993

3a. Date of Last Report

10/04/1996

4. FEI Number

65-0443156

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

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, and I am authorized to accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature required on this statement of new agent and fee. (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

111F

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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CITY, ST, ZIP

TITLE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

111 TITLE

112 NAME

113 STREET ADDRESS

114 CITY-ST-ZIP

211 TITLE

212 NAME

213 STREET ADDRESS

214 CITY-ST-ZIP

311 TITLE

312 NAME

313 STREET ADDRESS

314 CITY-ST-ZIP

411 TITLE

412 NAME

413 STREET ADDRESS

414 CITY-ST-ZIP

511 TITLE

512 NAME

513 STREET ADDRESS

514 CITY-ST-ZIP

611 TITLE

612 NAME

613 STREET ADDRESS

614 CITY-ST-ZIP

☐ Change

☐ Addition

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Charles Helou

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Helou, President 3/17/97 - (954) 340-8690 x20

CR2E034 (9/96)