


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

FILED
May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000065774 (0)

1. Corporation Name
MICROTEK COMPUTERS, INC.

Principal Place of Business 8831 COUNTY RD 579 SEFFNER FL 33584 US	Mailing Address P.O. BOX 1074 THONOTOSASSA FL 33592-1074
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/21/1993	3a. Date of Last Report 09/19/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FET Number 59-3208437	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent PETRIN, DAVID J 8831 CR 579 SEFFNER FL 33584		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE *David Petrin* DATE 4/29/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCSD	11 TITLE	VP
NAME	PETRIN, DAVID J	12 NAME	Petrin, David J.
STREET ADDRESS	8831 CR 579	13 STREET ADDRESS	Same
CITY-ST-ZIP	SEFFNER FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	PCSD
NAME	TAYLOR, CHARLES WAYNE	22 NAME	@ Taylor, Charles W.
STREET ADDRESS	8831 COUNTY ROAD 579	23 STREET ADDRESS	Same
CITY-ST-ZIP	SEFFNER FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 *David Petrin* DATE 4/29/97 813-124-6515

CR2E034 (9/96)