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

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 20 1998 8:00am Secretary of State

| | 11 Maille | 00079400 (6) | | TIONS | | | |
|---|--|---|--|------------------------------|---|---|--|
| | SE MICRO INCORPORATE | | | | | | |
| Principal Place of Business Mailing Address | | | | | | • | |
| 6503 N. MILITARY 103 6503 N. MILITI BOCA RATON FL 33496 BOCA RATON | | | | | | | |
| US US | | | | | DO NOT WRITE IN THIS S | SPACE | |
| | | | | | 3. Date Incorporated or Qualified 11/12/1993 | | |
| 2. Principal Place of Business 2a. Mailing A | | | | | 4. FEI Number | Applied For | |
| | | 26 | <u> </u> | | 65-0454116 | Not Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional | |
| City & Stat | | City & State | City & State | | Election Campaign Financing | Fee Required | |
| 28 28 28 28 28 28 28 28 28 28 28 28 28 2 | | | | | Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip | | | Countr | у | 8. This corporation owes or has paid the curr | | |
| 24 | 25 | 29 | 30 | | Personal Property Tax due June 30. | Yes No | |
| | 9. Name and Address of Curr | ent Registered Agent | | . 157 | 10. Name and Address of New Registered | Agent | |
| | GG, EUGENE R | | 81 | Name | | | |
| 6503 N. MILITARY TRAIL | | | | 2 Street Ad | ldress (P.O. Box Number is Not Acceptable) | | |
| #103 BOCA RATON FL 33496 | | | | 3 | | | |
| DOCA PATON PL 33480 | | | | <u></u> | | | |
| | | | | 84 City 85 Zip Code | | | |
| 11. Pursuant office or r | to the provisions of Sections 607.05 egistered agent, or both, in the Sta m familiar with, and accept the obli | 502 and 607.1508, Florida Statu te of Florida. Such change was gations of, Section 607.0505, Fl | tes, the above authorized be orida Statute | ve-hamed co by the corpor | rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app | changing its registered pintment as registered | |
| SIGNATURE | , | 34.0.00 | | - | | | |
| Signature, typed or printed name of registered agent and title if applicable (NOTE: | | | | gent signature req | ured when reinstating) DATE | | |
| 12. | PTSD OFFICERS A | ND DIRECTORS DELETE | 13. | | ADDITIONS/CHANGES TO OFFICERS AND | Change Addition | |
| NAME | HOGG, EUGENE R. | | 1.2 NAME | | | C Vialge C Addition | |
| STREET ADDRESS | 6503 N. MILITARY, APT. 103 | 3 | ſ | 1 ADDRESS | | [8 | |
| CITY-ST-ZIP | BOCA RATON FL | | 1.4 CITY - | | | إ | |
| TITLE | C DELETE | | 2.1 TITLE | | | ☐ Change ☐ Addition | |
| NAME | hogg, Eugene R. | _ | 2.2 NAME | | | | |
| STREET ADDRESS | 6503 N. MILITARY, APT. 103 | 3 | 2.3 STREE | T ADDRESS | | İ | |
| CITY-ST-ZIP | BOCA RATON FL | | 2. 4 CITY- | -ST-ZIP | ************************************** | | |
| TITLE | | DELETE | 3 1 TITLE | | | Change Addition | |
| NAME | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | | T ADDRESS | | } | |
| CITY-ST-ZIP TITLE | | DELETE | 3.4. CITY- 4.1 TITLE | · 51-ZIP | | Change Addition | |
| NAME | | | 4. 2 NAME | . | | | |
| STREET ADDRESS | | | | T ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY- | ST-ZIP | | 1 | |
| TITLE | | DELETE 5.1 T | | | | Change Addition | |
| NAME | | | 5.2 NAME | | | J | |
| STREET ADDRESS | | | 5.3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | | T DECETE | 5.4 CITY- | S1-ZIP | | D Oberes D Advis | |
| TITLE | | DELETE | 6.1 TITLE | ļ | | Change Addition | |
| NAME OTRECT ADDRESS | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | | T ADDRESS | | | |
| 14. I hereby o | ertify that the information supplied | with this filing does not qualify f | 6.4 CITY- or the exemp | | n Section 119.07(3)(i), Florida Statutes. I further cer | tify that the information | |

14. Thereby 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 so an attachment with a haddress.

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561-241-1137