FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P93000086023 (7)

1. Corporation Name
MICROSTIM, INC.

Principal Place of Business	Mailing Address
2437 TORTUGAS LN FT LAUDERDLE FL 33312	2437 TORTUGAS LN FT LAUDERDLE FL 33312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1993
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0471417 (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 ability for intangible tax under S. 199.032, Florida Statutes: X Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 8333 W. McNab Road	26 8333 W. McNab Road
Suite, Apt. #, etc. 22 Suite 222	Suite, Apt. #, etc. 27 Suite 222
City & State 23 Tamarac, FL	City & State 28 Tamarac, FL
Zip / County 24 33321 / 25 USA	Zip / County 29 33321 / 30 USA

9. Name and Address of Current Registered Agent

ROSSEN, JOEL S
2437 TORTUGAS LN
FT LAUDERDLE FL 33312

10. Name and Address of New Registered Agent

81 Name: Joel Rossen
82 Street Address (P.O. Box numbers Not Acceptable): 7881 NW 90 Ave
83:
84 City: Tamarac FL 85 Zip: 33321

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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: _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE: Dr.	X Addition
NAME	ROSSEN, JOEL S	12 NAME: Rossen Joel S	
STREET ADDRESS	2437 TORTUGAS LN	13 STREET ADDRESS: 7881 NW 90 Ave	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	14 CITY-ST-ZIP: Tamarac FL 33321	
TITLE		21 TITLE:	☐ Change ☐ Addition
NAME		22 NAME:	
STREET ADDRESS		23 STREET ADDRESS:	
CITY-ST-ZIP		24 CITY-ST-ZIP:	
TITLE		31 TITLE:	☐ Change ☐ Addition
NAME		32 NAME:	
STREET ADDRESS		33 STREET ADDRESS:	
CITY-ST-ZIP		34 CITY-ST-ZIP:	
TITLE		41 TITLE:	☐ Change ☐ Addition
NAME		42 NAME:	
STREET ADDRESS		43 STREET ADDRESS:	
CITY-ST-ZIP		44 CITY-ST-ZIP:	
TITLE		51 TITLE:	100001819800 ☐ Change ☐ Addition
NAME		52 NAME:	-05/14/96--01004--010
STREET ADDRESS		53 STREET ADDRESS:	***200.00
CITY-ST-ZIP		54 CITY-ST-ZIP:	
TITLE		61 TITLE:	☐ Change ☐ Addition
NAME		62 NAME:	
STREET ADDRESS		63 STREET ADDRESS:	
CITY-ST-ZIP		64 CITY-ST-ZIP:	

5-15-96 pm

14. I do 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)(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 ... with an address.

SIGNATURE: X Joel Rossen 4/28/96 305 720-4383