

FILE NOW: FILING FEE AFTER MAY 1 IS \$550

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mori Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000086023 (7)			
1. Corporation Name MICROSTIM, INC.			
Principal Place of Business 8333 W. MCNAB RD STE 222 TAMARAC FL 33321 US		Mailing Address 8333 W. MCNAB RD. STE 222 TAMARAC FL 33321-3203 US	
2. Principal Place of Business 21 7881 NW 90 AVE Suite, Apt. #, etc. 22 City & State 23 TAMARAC FL Zip 24 33321 Country 25		2a. Mailing Address 26 7881 NW 90 AVE Suite, Apt. #, etc. 27 City & State 28 TAMARAC FL Zip 29 33321 Country 30	
9. Name and Address of Current Registered Agent ROSSEN, JOEL S 7881 NW 90 AVE. TAMARAC FL 33321		10. Name and Address of New Registered Agent 1 Name ROSSEN, JOEL S 2 Street Address (P.O. Box Number is Not Acceptable) 3 7881 NW 90 AVE 4 City TAMARAC FL 55 Zip Code 33321	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 Stat.			
SIGNATURE [Signature] Signature of registered agent and title if applicable.		DATE 4-25-97 (NOTE: Registered signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		1. Change Addition	
D ROSSEN, JOEL S 7881 NW 90TH AVE TAMARAC FL 33321		1.1 1.1E 1.1E ADDRESS 1.1- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		2. Change Addition	
V MARCEA LOVEJOY 7881 NW 90th Ave TAMARAC, FL 33321		2.1 2.1E 2.1E ADDRESS 2.1- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		3. Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		3.1 3.1E 3.1E ADDRESS 3.1- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		4. Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		4.1 4.1E 4.1E ADDRESS 4.1- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		5. Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		5.1 5.1E 5.1E ADDRESS 5.1- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		6. Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		6.1 6.1E 6.1E ADDRESS 6.1- ST- ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for 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 file 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-25-97 954 720 4383 Date Daytime Phone #	



CR2E034 (9/96)