

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **P94000007291 (5)**
 1. Corporation Name

MICRO SYSTEMS ENGINEERING CONSULTANTS, INC.



Principal Place of Business: **1833 WOODBINE CT. MARCO ISLAND FL 33937**
 Mailing Address: **PO BOX 1865 MARCO ISLAND FL 33969 US**

3. Date Incorporated or Qualified: **01/14/1994**
 3a. Date of Last Report: **09/18/1995**

2. Principal Place of Business
 21. **1000 N. Collier BLVD**
 Suite, Apt. #, etc.
 22. **SUITE #12**
 City & State
 23. **MARCO ISLAND, FL**
 Zip Country
 24. **34145** 25. Country
 26. Suite, Apt. #, etc.
 27. City & State
 28. Zip Country
 29. **34146** 30. Country

4. FEI Number: 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

9. Name and Address of Current Registered Agent
HALYE, CRAIG L
731 E. ELKCAM CIRCLE
B-103
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent
 81 Name: **HALYE, CRAIG L.**
 82 Street Address (P.O. Box Number is Not Acceptable): **1000 N. Collier BLVD #12**
 83
 84 City: **MARCO ISLAND** FL 85 Zip Code: **34145**

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 I accept the obligations of, Section 607.0505, Florida Statutes.
 SIGNATURE: *C. L. Halve* **CRAIG L. HALYE** DATE: **8-7-96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PRICE, DONALD A	
STREET ADDRESS	1833 WOODBINE CT.	
CITY-ST-ZIP	MARCO ISLAND FL 33937	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HALYE, CRAIG L	
STREET ADDRESS	731 W. ELKCAM CIRCLE B103	
CITY-ST-ZIP	MARCO ISLAND FL 33927	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	PRICE, DONALD A	
13 STREET ADDRESS	1561 HONEYBUCKLE	
14 CITY-ST-ZIP	MARCO ISLAND, FL. 34145	
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	HALYE, CRAIG L.	
23 STREET ADDRESS	1533 Galleon	
24 CITY-ST-ZIP	MARCO ISLAND, FL. 34145	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.
 SIGNATURE: *C. L. Halve* **DIRECTOR CRAIG L. HALYE** DATE: **8-7-96** TELEPHONE: **941-642-1879**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)