

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

**FILED**  
 May 06 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Worthington - Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** P94000007291  
 1. Corporation Name  
 MICRO SYSTEMS ENGINEERING CONSULTANTS, INC.

Principal Place of Business: 1000 N. Collier Blvd Suite #12  
 Mailing Address: P.O. Box 1865  
 MARCO ISLAND, FL 33445

2. Principal Place of Business 21 1000 N. Collier Blvd Suite, Apt. #, etc. Suite #12	2a. Mailing Address 26 P.O. Box 1865 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 1-14-94	3a. Date of Last Report 8-14-96
23 MARCO ISLAND, FL 31445	24 MARCO ISLAND, FL 31446	4. FEI Number 59-3439219	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25 USA	27 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. This corporation has liability for intangible tax under s. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

8. Name and Address of Current Registered Agent  
 CRAIG L. HALYE  
 1000 N. Collier Blvd  
 Suite #12  
 MARCO ISLAND, FL 33445

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City
05 FL
06 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

TITLE	D	<input type="checkbox"/> DELETE
NAME	DONALD A. PRICE	
STREET ADDRESS	1561 Honey Suckle	
CITY-ST-ZIP	MARCO ISLAND, FL 33445	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRAIG L. HALYE	
STREET ADDRESS	1533 GAIKON AVE	
CITY-ST-ZIP	MARCO ISLAND, FL 33445	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
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	

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 165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(f), 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 in exercise 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: C. Price DIRECTOR 4:30-97 941-642-1877

CORP-2004 (9/95)