SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -1 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000023544 (7)**

1. Corporation Name
MICRO-BEEPS, INC.

Principal Place of Business	Mailing Address
3480 N.W. 29TH STREET LAUDERDALE LAKES FL 33311	3480 N.W. 29TH STREET LAUDERDALE LAKES FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/28/1994
3a. Date of Last Report: 94

2. Principal Place of Business
21: 3055 B N.W. 19st
22 Suite, Apt. #, etc.: Ft. Laud. FL
23 City & State: 33311
24 Zip / 25 Country

2a. Mailing Address
26: P.O. Box 490002
27 Suite, Apt. #, etc.: Ft. Laud. FL
28 City & State: 33349-0002
29 Zip / 30 Country

4. FEI Number: 65-0481040 — ☐ 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

HARRISON, LENNOX
3480 N.W. 29TH STREET
LAUDERDALE LAKES FL 33311

10. Name and Address of New Registered Agent

81 Name: Lennox S Harrison
82 Street Address (P.O. Box Number is Not Acceptable): 2401 N.W. 47 ave #4-210
83:
84 City: Lauderhill — FL — 85 Zip Code: 33313

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS (DELETIONS) TO BE MADE (Attach additional sheet if necessary)	
11 TITLE / TITLE	D	11 TITLE	☑ Change ☐ Addition President
12 NAME / NAME	HARRISON, LENNOX	12 NAME	Lennox S Harrison
13 STREET ADDRESS / STREET ADDRESS	3480 N.W. 29TH STREET	13 STREET ADDRESS	P.O. Box 490002
14 CITY ST ZIP / CITY ST ZIP	LAUDERDALE LAKES FL 33311	14 CITY ST ZIP	Ft. Laud FL 33349
21 TITLE / TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME / NAME		22 NAME	
23 STREET ADDRESS / STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP / CITY ST ZIP		24 CITY ST ZIP	
31 TITLE / TITLE		31 TITLE	☐ Change ☐ Addition
32 NAME / NAME		32 NAME	
33 STREET ADDRESS / STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP / CITY ST ZIP		34 CITY ST ZIP	
41 TITLE / TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME / NAME		42 NAME	
43 STREET ADDRESS / STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP / CITY ST ZIP		44 CITY ST ZIP	
51 TITLE / TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME / NAME		52 NAME	
53 STREET ADDRESS / STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP / CITY ST ZIP		54 CITY ST ZIP	
61 TITLE / TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME / NAME		62 NAME	
63 STREET ADDRESS / STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP / CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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 if changed, or on an attachment with an X next to it.

SIGNATURE: Lennox S Harrison — 7/95 — 305-677-0525
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0001000 CP