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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000028206 (7)**

1. Corporation Name
MICROBOX CORPORATION

Principal Place of Business	Mailing Address
1893 NW NEW HAVEN AVE SUITE 157 MELBOURNE FL 32904-912 US	P O BOX 1328 MELBOURNE FL 32902-1328 US

3. Date Incorporated or Qualified: **04/10/1995**
3a. Date of Last Report: **05/09/1996**

2. Principal Place of Business
21 1900 S. Harbor City Blvd.
22 Suite, Apt. #, etc. Suite 209
23 City & State Melbourne, FL
24 Zip 32901 25 Country USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: **59-3307213** ☐ 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

AMERILAWYER
343 ALMERIA AVE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name David M. Presnick
82 Street Address (P.O. Box Number is Not Acceptable) 96 Willard Street, Suite 302
83
84 City Cocoa, FL 85 Zip Code 32922

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 David M. Presnick — Signature, typed or printed name of registered agent and title if applicable
David M. Presnick — (NOTE: Registered Agent's signature required when reinstating)
3-8-97 — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	FOUNTAIN, CYNTHIA		1.2 NAME		
STREET ADDRESS	1893 W NEW HAVEN AVE., SUITE 175		1.3 STREET ADDRESS	1900 S. Harbor City Blvd. Suite 209	
CITY-ST-ZIP	MELBOURNE FL 12		1.4 CITY-ST-ZIP	Melbourne, FL, 32901	
TITLE	SDT	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	FOUNTAIN, WAYNE H		2.2 NAME		
STREET ADDRESS	1893 W NEW HAVE AVE, SUITE 157		2.3 STREET ADDRESS	1900 S. Harbor City Blvd. Suite 209	
CITY-ST-ZIP	MELBOURNE FL 12		2.4 CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	D	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	CUOMO, TOM		3.2 NAME		
STREET ADDRESS	1893 W NEW HAVEN AVE SUITE 157		3.3 STREET ADDRESS	1900 S. Harbor City Blvd. Suite 209	
CITY-ST-ZIP	MELBOURNE FL 12		3.4 CITY-ST-ZIP	Melbourne, FL 32901	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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 address.

SIGNATURE: Cynthia Fountain - President - Cynthia Fountain 3/12/97 953-5343