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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000030303 (8)
1. Corporation Name

MICRORAD OF FLORIDA, INC.

Principal Place of Business

Mailing Address



15816 85TH 1					I		
	WAY N BEACH FL 33418	15816 85TH WAY N WEST PALM BEACH	FL 33418				
					3. Date Incorporated or Qualified 04/18/1995	3a. Date of Last F	Report
	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
	\$ 85 WYN.	26			65-058492	2. 🖂	Not Applica
Suite, Apt. #	#, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired		5 Additional
City & State		[27]				□ Fee	Required
PAIM &	Beach GARDEN R	City & State			Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zip 334/8	Country	Zip	Countr	у	8. This corporation has liability for in	ntangible tax under s	199.032,
55416		29	30		Florida Statutes Yes		
	9. Name and Address of Curre	ni negisterea Agent		d 50	10. Name and Address of New R	egistered Agent	
	DATION CEDUACE COMPANY		81	l Name			
CORPORATION SERVICE COMPANY 1201 HAYS ST			82 Street A		dress (P.O. Box Number is Not Acceptable	e)	
TALLAH/	ASSEE FL 32301		83	3			
			84	City		1221 -	0
				' '			rp Code
familiar with	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	ida. Such change was author Um 607.0505, Florida Statule	ized by the corp es.	poration's boa	oration submits this statement for the purp and of directors. I hereby accept the appo	cose of changing its intment as registered	registered o d agent. I ar
NATURE -	Signature, typocl or printed name of registered agen	if and little if applicable gs	IOTE Registered Age	no signature regun	ed when reinstating	DATE	
	OFFICERS AN	ID DIRECTORS	13.				DBS IN 12
	D	ID DIRECTORS			ADDITIONS/CHANGES TO OFFIC		
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certify that the information indicated on this annual replirt 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 I ghanglid, oyon in attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

yres.

(54) 7437178