

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000049931 (5)

1. Corporation Name

MICROBYTE COMPUTER, INC.



Principal Place of Business

7930 NW 36TH STREET #23
MIAMI FL 33166

Mailing Address

7930 NW 36TH STREET #23
MIAMI FL 33166

2. Principal Place of Business

2a. Mailing Address

21 441 S. STATE RD 7

26 441 STATE RD 7

Suite, Apt., etc.

Suite, Apt., etc.

22 Suite 15

27 Suite 15

City & State

City & State

23 Manatee FL

28 Manatee FL

Zip

Zip

24 33068

Country

Country

25 U.S.

29 33068

30

9. Name and Address of Current Registered Agent

GALAN, VERA
7930 NW 36TH STREET #23
MIAMI FL 33166

3. Date Incorporated or Qualified

3a. Date of Last Report

06/27/1995

4. FIC Number

Applied For

✓ 65-0591346

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

10. Name and Address of New Registered Agent

81 Name
STUART HOWITT

82 Street Address (P.O. Box Number is Not Acceptable)

441 S STATE RD 7

83 Suite 15

84 City
Manatee

FL

85

Zip Code
33068

11. Pursuant to the provisions of Sections 607.0607 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 607.0624, Florida Statutes.

SIGNATURE

[Signature]

SIGNATURE OF APPOINTED REGISTERED AGENT

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

D
HOWITT, STUART
7310 W. MCNAB RD., #207
TAMARAC FL 33321

☐ DELETE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 included 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 registered trustee or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, as agent, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Director's Name #

CR2E034 (12/95)