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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 12 1997 8:00am

Secretary of State

0126630

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000052133 (2)

TRI-COUNTY MICRO TECH, INC.

Principal Place of Business Mailing Address 2639 LEE STREET 2639 LEE STREET HOLLYWOOD FL 33020-1944 HOLLYWOOD FL 33020 3a. Date of Last Report 3. Date Incorporated or Qualified 07/06/1995 05/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0599877 21 26 Not Applicable Suite, Apt. #, etc. Suite Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Z:D Country Zφ 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes 😾 No Florida Statutes 25 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WARGA, CHARLES J 2639 LEE STREET 82 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33020 83 84 City Zip Code 85 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, typed or printed name of registered agent and late if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. 96/6) DELETE Change Addition 1.1 TITLE TITLE WARGA, CHARLES J 1.2 NAME NAV: **2639 LEE STREET** 1.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 1.4 C/TY - ST - Z/P CHIM-ST-ZIP Addition DELETE ☐ Change TIFLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS COLY-ST-7IP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE 1616 3.2 NAME NAM* 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-SI-ZP DELETE Addition 4.1 TITLE Change THE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET LADORESS 4.4 CITY-ST-ZIP City - S*- 2iP DELETE Change Addition 5.1 TITLE THLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 DITY-ST-ZIP CITY- \$1 - 747 Change DELETE 6.1 TITLE Addition THEF 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP COTY - ST- 7IP

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

FRINTED HAMP OF BIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

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