

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 19 1996 8:00 am
Secretary of State

DOCUMENT # P95000067994 (0)

1. Corporation Name

MEMORY & STORAGE INTERNATIONAL, INC.



Principal Place of Business

240 AVIATION DRIVE
NAPLES FL 33942

Mailing Address

240 AVIATION DRIVE
NAPLES FL 33942

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

9. Name and Address of Current Registered Agent

DEKKERS, RUDI H
240 AVIATION DRIVE
NAPLES FL 33942

81

Name

82

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

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Tax Preparer (if applicable)

Date

12. OFFICERS AND DIRECTORS

TITLE	D	DELETED
NAME	DEKKERS, RUDI H	
STREET ADDRESS	240 AVIATION DR.	
CITY, ST, ZIP	NAPLES FL 33942	
TITLE	D	DELETED
NAME	BODDI, CHRISTIAN H	
STREET ADDRESS	240 AVIATION DR.	
CITY, ST, ZIP	NAPLES FL 33942	
TITLE	D	DELETED
NAME	CLARK, JOHN	
STREET ADDRESS	240 AVIATION DR.	
CITY, ST, ZIP	NAPLES FL 33942	
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13.

1. TITLE	Change	Add on
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE	Change	Add on
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE	Change	Add on
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE	Change	Add on
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE	Change	Add on
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

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 in this filing is true and correct, and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of this corporation, and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing.

SIGNATURE:

CHRISTIAN BODDI
Vice president
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 941 6430707
Date Digit. Address *

CR2E034 (12/95)