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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000080594**1. Corporation Name

MICROCON CORPORATION

Principal Place of Business	Mailing Address	
1630 MYRTLE LAKE HILLS LONGWOOD FL 32750	1630 MYRTLE LAKE HILLS LONGWOOD FL 32750	
110	II Č	

FILED Jun 09, 2000 8:00 am Secretary of State

06-09-2000 90022 050 ***150.00



S		US			DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualifed 10/19/1995			
		T			10/19/1993 4. FEI Number	And	lied For	
Principal Place of Business 2a. Mailing Address		⊢			l		Applicable	
i		26			59-3350296	\$8.75 A		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Red		
i		27 -			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		<u> </u>	
City & State	е	City & State			6. Election Campaign Financing	\$5.00		
		[28]			Trust Fund Contribution	Added to	rees	
Zip	Country	Zip	_ Counti	У	8. This corporation owes the current year Inta		□ _{No}	
	25	29 36	D	_	1 Cladial Freparty Tax			
	9. Name and Address of Current	Registered Agent		4 4	10. Name and Address of New Registered A	<u>sgent</u>		
14/41	TERMONICE OTENEN D		. 8	1 Name			ľ	
WALTERHOUSE, STEVEN D			8	82 Street Address (P.O. Box Number is Not Acceptable)				
	MYRTLE LAKE HILLS RD							
LON	GWOOD FL 32750		8	3				
			_	4 5"		85 Zip C	odo	
			8	4 City	FL.	85 Zip C	ode	
4 Durayant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the abo	_L ve-named.com	poration submits this statement for the purpose of	changing its	registered	
office or r	egistered agent, or both, in the State of	of Florida. Such change was auth	norized b	y the corporat	poration submits this statement for the purpose of cion's board of directors. I hereby accept the appoin	tment as reg	istered	
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	a Statute	S.			Ì	
SIGNATURE					red when reinstatirm) DATE			
	Signature, typed or printed name of registered agent			ent signature requir	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12	
12.	OFFICERS AND	DELETE	13.	 	ADDITIONS/CHANGES TO CITICERO AIR	Change	Addition	
ITLE	PD	L) DECE IE	1,1 TITLE					
AME	WALTERHOUSE, STEVEN D.		1.2 NAM	·				
TREET ADDRESS	1630 MYRTLE LAKE HILLS RD		1.3 STRE	ET ADDRESS				
ITY-ST-ZIP	LONGWOOD FL 32750		1.4 CITY	ST-ZIP				
TLE .	SD	☐ DELETE	2.1 TITLE			Change	Addition	
IAME	WALTERHOSUE, KATHY S		2.2 NAMI	į				
TREET ADDRESS	1630 MYRTLE LAKE HILLS RD		2.3 STRE	ET ADDRESS				
:ITY-ST-ZIP	LONGWOOD FL 32750	on the state of th	2. 4 CITY	-ST-ZIP				
ITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition	
IAME			3.2 NAME			•		
				ET ADDRESS				
TREET ADDRESS				ţ				
ITY-ST-ZIP			3.4. CITY			Change	Addition	
MLE			4.1 TITLE	1				
AME			4. 2 NAM					
TREET ADDRESS			4.3 STRE	ET ADDRESS				
ITY-ST-ZIP			4.4 CITY			Chart	□ Addis	
ITLE		☐ DELETE	5.1 TITLE			Change	Addition	
AME I	{		5.2 NAM	!				
TREET ADDRESS	j		5.3 STRE	ET ADDRESS				
:ITY-ST-ZIP			5.4 CITY	ST-ZIP	<u></u>			
ITLE	*	☐ DELETE	6.1 TITLE	:		Change	☐ Addition	
iame			6.2 NAM	.				
	1.		6.3 STRE	ET ADDRESS				
TREET ADDRES\$			6.4 CITY					
ITY-ST-ZIP	· ·		UM CITY	01.20				

14. I 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, with all other like empowered.