

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

FILED

Apr 23 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000095187 (7)**

1. Corporation Name  
**MICROHARD CONSULTING, INC.**

Principal Place of Business <b>290-2 SPRING DRIVE MERRITT ISLAND FL 32953</b>	Mailing Address <b>290-2 SPRING DRIVE MERRITT ISLAND FL 32953-4022</b>
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2. Principal Place of Business 21 <b>480 BAKER Rd.</b>		2a. Mailing Address 26 <b>480 BAKER Rd.</b>		3. Date Incorporated or Qualified <b>12/14/1995</b>	3a. Date of Last Report <b>04/22/1996</b>
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number <b>59-3351305</b>	Applied For <input type="checkbox"/> Not Applicable
23 City & State <b>Merritt Island, Fl.</b>		28 City & State <b>Merritt Island, Fl.</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24 Zip <b>32953</b>	25 Country <b>BREVARD</b>	29 Zip <b>32953</b>	30 Country <b>BREVARD</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent <b>THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b>
				85 Zip Code	

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		(NOTE: Registered Agent signature required when relistings)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PTD	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	COFFY, BARBARA LYNN		1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	290-2 SPRING DRIVE		12 NAME		
CITY-ST-ZIP	MERRITT ISLAND FL 32953		13 STREET ADDRESS	<b>480 BAKER Rd.</b>	
TITLE	VSD	<input type="checkbox"/> DELETE	14 CITY-ST-ZIP		
NAME	COFFY, THOMAS E		2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	290-2 SPRING DRIVE		2.2 NAME		
CITY-ST-ZIP	MERRITT ISLAND FL 32953		2.3 STREET ADDRESS	<b>480 BAKER Rd.</b>	
TITLE		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP		
NAME			3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP		
NAME			4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		
NAME			5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
NAME			6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

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 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.

SIGNATURE:

*Barbara Coffy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/97**  
Date

**407-455-9806**  
Daytime Phone #

CP2E034 (9/96)