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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

#### Sandra-B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

# DOCUMENT # P96000013846 (6)

### MICRONET SYSTEMS & TECHNOLOGY INC.

Principal Place of Business Mailing Address

12510 STRATHMORE LOOP
FT. MYERS FL 33912 FT. MYERS FL 33912-4682

# FILED May 28 1997 8:00am Secretary of State



FT. MYERS FL	33912	FT. MYERS FL 33912-4682							
						3. Date Incorporated or Qualified 02/09/1996	<b>3a.</b> Da	te of Las	t Report
2. Principal Pl	ace of Business	2a, Mailing Address			4, FEI Number	Applied For			
21		26				65-075409			
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	,	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zφ	Country	Zip	Cou	intry		8. This corporation has liability for in			r s. 199.032,
24	25	29	30	·			Yes		
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Reg	pistered /	Agent	
	rge, rathinamala n			81	Name				
	O STRATHMORE LOOP			82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)		
FT. N	AYERS FL 33912			B3		and the second s			··· ··· · · · · · · · · · · · · · · ·
				64	City		<u></u>	85 Z	ip Code
•		605 1007 1500 FL 11	6	Ш			<u>FL</u>	1	
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m Jappliar with, and accept the obl	ate of Florida. Such change	was authorize	d by	the corpor	rporation submits this statement for the plation's board of directors. I hereby accept	urpose of t the app	changin ointment	g its registered as registered
SIGNATURE		bogane				7000 to 100 to			
12.	Signatize, typed or printed hand of registered.  OESIOERS A	agont and fille if applicable	(NOTE: Hegistere	d Age	nt signature rec	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE PERS AND	DIRECT	OBS IN 12
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NAME			2.2 N	AME					
STREET ADDRESS			2.3 S	TREET	ADDRESS				
CHY-SI-ZIP			2.40	ITY-S	ST-ZIP				
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NAME			3.2 N	AME					
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CHY-ST ZIF				ITY S	ST-ZIP				***************************************
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NAME			4. 2 N	AME					
STREET ADDRESS			4.3 S	REET	ADDRESS				
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TITLE		☐ DELET	TÉ 5.1 TI	TLE				Chan	ge L. Addition
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STREET ADDRESS			5.3 \$	TREET	ADDRESS				
CHY-ST-ZIP	······································			TY-S	T-ZIP			<del></del>	
THLE		☐ DELET	E 61 TI	TLE	}			Chang	ge L. Addition
NAME			6.2 N	AME					
STREET ADDRESS			6.3 S	TREET	ADDRESS				
CHY-SE-ZIP					T-ZIP		'		
4.4 Lolo bossis	w code that the information rune	tion with this filing doop not	avalify for the	200	motion stat	ad in Section 110 07/2)(i) Florida Statutos	a 1 further	cortify t	ant the

is not necessary certury 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 12 or Block 12 or Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-97

941-768-6229 Dayline Phone #