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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000078418**1. Corporation Name

MICROTECH COMPUTER SERVICES, INC.

Principal Place of Business Mailing Address											
3160 S.W. 18TH ST FT LAUDERDALE FL 33312-4224		3160 S.W. 18TH ST FT LAUDERDALE FL 33312-4224 US				DO NOT WRITE IN THIS SPACE					
US		,				3. Date Incorporated or Qualifed 09/20/1996					
2. Principal Pl	ace of Business	2a. Mailing Address	ailing Address			4. FEI Number			Ap	plied For	
21			_			65-0696149			No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				E (Certifcate of Status Desired	•		dditional	
22		27				5 . C	Pertilicate of Status Desired		Fee Re	quired	
City & State	e	City & State				6. E	lection Campaign Financing	- \$	5.00	May Be	
23		28				, т	rust Fund Contribution		Added t	o Fees	
Zip	Zip	Country			8. T	his corporation owes the current year	_		_		
24	25	29 30				Personal Property Tax.					
	9. Name and Address of Current	Registered Agent		_		10. N	Name and Address of New Registe	red Agen	t		
			81	1	Name						
BUTTERFIELD, BRIAN				2	Street Addres	ss (P.C	D. Box Number is Not Acceptable)				
3160 S.W. 18TH ST			0							<u>, </u>	
ศ.	AUDERDALÉ FL 33312		83	3						ļ	
			84	\$	City		MF. 1009	FL 85	Zip C	Code	
		1007.4500.51.71-04-4-1-	Aba aba	<u>.</u>	-amad corner	rotion (ging its	registered	
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											
Signature, typed or printed name of registered agent and title if applicable. (NOTE:					signature required w				DECTO	DC IN 12	
12.	OFFICERS ANI		13.			AL	DDITIONS/CHANGES TO OFFICERS		Change	Addition	
TITLE	D	☐ DELETE	1,1 TITLE					با)	Suange	[] Addition	
NAME				1.2 NAME						ļ	
STREET ADDRESS	3160 S.W. 18TH ST		1.3 STREET ADDRESS								
CITY-ST-ZIP	FT LAUDERDALE FL 33312		1.4 CITY-	ST-	-ZIP				Change	Addition	
TITLE ·	-			2.1 TITLE				Ш,	Juliange	Addition	
NAME			2.2 NAME								
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS		•				
CITY-ST-ZIP			2. 4 CITY-		r-zip				26	☐ Addition	
, πne		DELETE	3.1 TITLE					<u></u>	Change	Addition	
NAME			3.2 NAME								
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS						
CITY-ST-ZIP			3.4. CITY-ST-ZIP						<u> </u>	C A Addison	
TITLE	DELETE		4,1 TITLE					LJ.	Change	Addition	
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREET ADDRESS								
CITY-ST-ZIP			4.4 CITY-ST-ZIP						•		
TITLE		☐ DELETE	5.1 TITLE					<u>'</u>	Change	☐ Addition	
NAME			5.2 NAME								
STREET ADDRESS			5.3 STRE	ETA	ADDRESS					ļ	
CITY-ST-ZIP		<u></u>	5.4 CITY-		-ZIP				<u> </u>		
TITLE		☐ DELETE	6.1 TITLE						Change	Addition	
NAME			6.2 NAME								
STREET ADDRESS			6.3 STRE	ET A	ADDRESS						

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 atachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

954-327-1001