

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

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 OCT 16 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # Pa60000687855  
1. Corporation Name  
MICON services Company

Principal Place of Business

Mailing Address

2. Principal Place of Business 21 <u>54 Cochise Ct</u> Suite, Apt. #, etc. 22 City & State 23 <u>Palm Coast FL</u> Zip <u>32137</u> Country <u>USA</u> 24 <u>FL 32137</u> 25 <u>USA</u>		2a. Mailing Address 26 <u>P.O. Box 353430</u> Suite, Apt. #, etc. 27 City & State 28 <u>Palm Coast</u> Zip <u>32135</u> Country <u>USA</u> 29 <u>32135</u> 30 <u>USA</u>		3. Date Incorporated or Qualified <u>Oct 24, 1966</u>	3a. Date of Last Report <u>N/A</u>
				4. FEI Number <u>59-3472131</u>	<input checked="" type="checkbox"/> <del>Not Applicable</del> Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

b. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Larry Wolfe  
200-A John Knox Rd  
Tallahassee, FL 32303

81 Name	<u>V. Michael Caputo</u>
82 Street Address (P.O. Box Number is Not Acceptable)	<u>54 Cochise Ct</u>
83	
84 City	<u>Palm Coast</u>
85 Zip Code	<u>FL 32137</u>

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 V. Michael Caputo

V. Michael Caputo

10-14-97

Signature typed or printed name of registered agent or state if acceptable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<u>Director</u>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Constance Caputo</u>	1.2 NAME	<u>400002323474--9</u>
STREET ADDRESS	<u>54 Cochise Ct</u>	1.3 STREET ADDRESS	<u>-10/17/97--01106--001</u>
CITY-ST-ZIP	<u>Palm Coast FL 32137</u>	1.4 CITY-ST-ZIP	<u>*****165.00 *****165.00</u>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<u>400002323474--9</u>
STREET ADDRESS		2.3 STREET ADDRESS	<u>-10/17/97--01106--002</u>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<u>*****8.75 *****8.75</u>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Constance A. Caputo Constance A Caputo 10-14-97 904-445-5920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

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**MICON Services Company**

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PO Box 353430  
Palm Coast, FL 32135  
904-445-5920 (V)  
904-445-0234 (F)  
micon1@aol.com

October 14, 1997

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

ATTN: Reinstatement

Dear Sir or Madam:

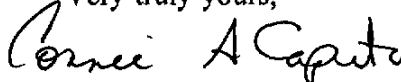
I called your office today and explained that I had not received the 1997 Profit Corporation Annual Report form. In checking, your representative looked up our record and found that the mailing address had been incorrectly listed as 54 Cochise Court instead of our post office box address. The form had apparently been returned and on checking I learned that the cut off date for filing without penalty was May 1.

However, your representative told me that if I wrote to explain that we had not received the form the penalty would be waived this one time and that MICON would be reinstated upon payment of the normal \$165.00 filing fee. I cannot tell you how much I appreciate that. That was very kind and very fair. We have marked our calendar and changed the mailing address on the enclosed form so this will not happen again.

I am enclosing our check for \$165.00 for the filing fee and \$8.75 for the certificate of status.

Thank you for your support and understanding.

Very truly yours,



Connie A. Caputo  
Director