## 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 # P97000041091

MICRO SYS COMPUTERS, INC.

## **FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90131 030 \*\*\*150.00

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Principal Place of Business Mailing Address									
•					+				
2120 52ND STREET SOUTH 2120 52ND STREET SOUTH GULFPORT FL 33707 GULFPORT FL 33707									
3051 011 12 3010						DC	NOT WRITE IN THI	S SPACE	
						<ol> <li>Date Incorporated of 05/05/1997</li> </ol>	or Qualifed		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		1	Applied For
21		26			1	59-3446365			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional
22		27				5. Certificate of Status Desired		Fee f	Required
City & State	•	City & State				6. Election Campaign	Financing	\$5.0	May Be
23		28				Trust Fund Contribe	ution	Added	to Fees
Zip	Country	Zip	Count	ry		8. This corporation ow	es the current year li	ntangible	_
24	25	29 31	D			Personal Property		☐ Yes	□No
	9. Name and Address of Current	Registered Agent		. 1		10. Name and Addres	s of New Registered	d Agent	
OBI	THE PARAMETER SAY		8	1	Name				
	EILL, JAMES W		8	2	Street Address	s (P.O. Box Number is I	ot Acceptable)		
	52ND STREET SOUTH			1			<u> </u>		
GUL	FPORT FL 33707		8	3					
			8	4	City		FI	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.0502	and 607 1508. Florida Statutes	the abo	ve-r	named corpora	ation submits this statem			ts registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was auth	orized b	y th	e corporation's	s board of directors. I he	reby accept the appo	ointment as i	registered
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	egistered Ag	jent s	signature required wi	hen reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANG	ES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	VP	☐ DELETE	1.1 TITLE					Change	Addition
NAME	VAN KRALINGEN, GERARDUS		1.2 NAME	Ξ					}
STREET ADDRESS	6274 33RD AVENUE NORTH		13 STRE	ET A	DDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33710		1.4 CITY-	ST-Z	ZIP				i
TITLE	С	☐ DELETE	2.1 TITLE					☐ Change	Addition
NAME	VAN KRALINGEN, JANE		2 2 NAMÉ	•					
STREET ADDRESS	6274 33RD AVE N		2.3 STREE		DDRESS				l
CITY-ST-ZIP	ST. PETERSBURG FL-33710		2. 4 CITY	-ST-	ZIP	<del></del> .			
TITLE		☐ DELETE	3.1 TITLE					☐ Change	e ☐ Addition
NAME			3.2 NAME	Ξ					ļ
STREET ADDRESS			3.3 STRE	ET AI	DDRESS				J
CITY-ST-ZIP			3,4. CITY-						
TITLE		☐ DELETE	4.1 TITLE					☐ Change	e
NAME			4. 2 NAM	E					Į
STREET ADDRESS			4.3 STRE	ETAI	DDRESS				
CITY-ST-ZIP			4.4 CITY-						1
TITLE		☐ DELETE	5.1 TITLE					☐ Change	Addition
NAME			5.2 NAME					·	Į.
STREET ADDRESS		:	5.3 STRE	ET AI	DORESS				1
CITY-ST-ZIP		;	5.4 CITY-						
TITLE		☐ DELETE	6.1 TITLE		-			☐ Change	Addition
NAME		<u> </u>	6.2 NAME	•					
1			6.3 STRE		DORESS				ļ
STREET ADDRESS			6.4 CITY-						į
CITY-ST-ZIP		44 60	Q.4 C/1 Y-	31-2		4: 140 07(9\/i) Florida	Ctatutas I fustbar a		1.

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 Me 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 of an extechment with an address, with all other like empowered.

SIGNATURE: