

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000086443** ✓

1. Corporation Name

MICROSOLUTIONS MANAGEMENT, INC.

Principal Place of Business

**5365 W. ATLANTIC AVENUE #501
DELRAY BEACH FL 33484**

Mailing Address

**5365 W. ATLANTIC AVENUE #501
DELRAY BEACH FL 33484**

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90012 010 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1997

4. FEI Number

65-0741407

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

* Principal Place of Business

21 **3395 N. Dixie Hwy**

Suite, Apt. #, etc.

22 **6**

City & State

23 **Boca Raton, FL**

Zip

24 **33431**

Country

25 **USA**

22. Mailing Address

26 **3395 N. Dixie Hwy**

Suite, Apt. #, etc.

27 **6**

City & State

28 **Boca Raton, FL**

Zip

29 **33431**

Country

30 **USA**

9. Name and Address of Current Registered Agent

FIORITO, GARY

**5365 W. ATLANTIC AVENUE #501
DELRAY BEACH FL 33484**

10. Name and Address of New Registered Agent

81 Name **Gary Fiorito**

82 Street Address (P.O. Box Number is Not Acceptable)

3395 N. Dixie Hwy

83 **#6**

84 City **Boca Raton**

FL

85 Zip Code
33431

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 for 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 **Gary Fiorito**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-8-99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **FIORITO, GARY**
STREET ADDRESS **5365 W. ATLANTIC AVENUE #501**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE **D** ☐ DELETE

NAME **PALOZZOLA, CHRISTOPHER**
STREET ADDRESS **5365 W. ATLANTIC AVENUE #501**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE **D** ☐ DELETE

NAME **ESTRADA, ROBERT**
STREET ADDRESS **5365 W. ATLANTIC AVENUE #501**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition

1.2 NAME **Gary Fiorito, Gary**
1.3 STREET ADDRESS **3395 N. Dixie Hwy #6**
1.4 CITY-ST-ZIP **Boca Raton, FL 33431**

2.1 TITLE **D** ☒ Change ☐ Addition

2.2 NAME **Palozzola, Christopher**
2.3 STREET ADDRESS **3395 N. Dixie Hwy #6**
2.4 CITY-ST-ZIP **Boca Raton, FL 33431**

3.1 TITLE **D** ☒ Change ☐ Addition

3.2 NAME **Estrada, Robert**
3.3 STREET ADDRESS **3395 N. Dixie Hwy #6**
3.4 CITY-ST-ZIP **Boca Raton, FL 33431**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, unchanged, on an attachment with an address.

SIGNATURE: **Gary Fiorito**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-99

Date

562-368-1708

Daytime Phone #

CR2E034 (5/99)

0078724

588132-90012-10
P91000086443

We received this in the mail and
not sure what it is for. It was sent
to the wrong address. I made the
appropriate corrections. Please accept
this as is. We would have sent it on time
but did not receive first ~~one~~ only second
notice.

Thanks

Ray Z