

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S02691** (1)

1. Corporation Name
CUSTOM MICRO DESIGN, INC.



Principal Place of Business
**1044 GODFREY AVENUE
SPRING HILL FL 34609**

Mailing Address
**1044 GODFREY AVENUE
SPRING HILL FL 34609**

2. Principal Place of Business

21 State, Apt. #, et

22 City & State

23 Zip Country

24 Zip Country

25

2a. Mailing Address

26 State, Apt. #, et

27 City & State

28 Zip Country

29 Zip Country

30

9. Name and Address of Current Registered Agent

**DEPETRILLO, RALPH
1044 GODFREY AVENUE
SPRING HILL FL 34609**

81 Name

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

83

84 City

85 Zip Code

FL

3. Date Incorporated or Qualified **09/24/1990**

3a. Date of Last Report **05/01/1995**

4. FEI Number **59-3029474** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing and Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0300 and 607.1509, 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, then by a prompt appointment of a registered agent, in accordance with and to meet the obligations of Sections 607.0300, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1	DP	<input type="checkbox"/> DELETE	13.1	111 NE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEPETRILLO, RALPH		13.2	135 NW ADDRESS	
STREET ADDRESS	1044 GODFREY AVENUE		14.1	1400 N. ST.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP	SPRING HILL FL		15.1	2110 E.	
12.2	ST	<input type="checkbox"/> DELETE	16.1	22 NAM	
NAME	DEPETRILLO, RALPH		17.1	23 STREET ADDRESS	
STREET ADDRESS	1044 GODFREY AVENUE		18.1	24 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP	SPRING HILL FL		19.1	3110 E.	
12.3		<input type="checkbox"/> DELETE	20.1	32 NAM	
NAME			21.1	33 STREET ADDRESS	
STREET ADDRESS			22.1	34 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP			23.1	4110 E.	
12.4		<input type="checkbox"/> DELETE	24.1	42 NAM	
NAME			25.1	43 STREET ADDRESS	
STREET ADDRESS			26.1	44 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP			27.1	5110 E.	
12.5		<input type="checkbox"/> DELETE	28.1	52 NAM	
NAME			29.1	53 STREET ADDRESS	
STREET ADDRESS			30.1	54 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP			31.1	6110 E.	
12.6		<input type="checkbox"/> DELETE	32.1	62 NAM	
NAME			33.1	63 STREET ADDRESS	
STREET ADDRESS			34.1	64 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP			35.1	7110 E.	

14. I, the undersigned, certify that the information supplied with this filing is true and my name is not equal to the executive officer in Section 119.021(4)(a), Florida Statutes. I further certify that the information is published in the 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 manager 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 of this filing or on an attachment with an office.

SIGNATURE: *Ralph Depetrillo* **RALPH DEPETRILLO** 4/15/96 352-688-1981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)