

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 AM 11:54

DOCUMENT # **S57102** (3)

1. Corporation Name
MICRO RAM ELECTRONICS, INC.

Principal Place of Business
**231A DOUGLAS ROAD
UNIT #4
OLDSMAR FL 34677-2943**

Mailing Address
**231A DOUGLAS ROAD
UNIT #4
OLDSMAR FL 34677-2943**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
05/30/1991

3a. Date of Last Report
01/27/1994

4. FEI Number
59-3068494

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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21. **222 DUNBAR CT.**

22. Suite, Apt. #, etc.

23. City & State
OLDSMAR FL

24. Zip
34677

25. Country
Pinellas

2a. Mailing Address

26. **222 DUNBAR CT.**

27. Suite, Apt. #, etc.

28. City & State
OLDSMAR FL

29. Zip
34677

30. Country
Pinellas

9. Name and Address of Current Registered Agent
**WILSON, MARK A.
231A DOUGLAS ROAD
UNIT #4
OLDSMAR FL 34677**

10. Name and Address of New Registered Agent

81. Name
Mark A. Wilson

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

83. City
OLDSMAR FL

84. City
OLDSMAR FL

85. Zip Code
34677

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILSON, MARK A.
STREET ADDRESS	3013 WINDRIDGE OAKS
CITY-ST-ZIP	PALM HARBOR FL
TITLE	T Vice President
NAME	DEFERRARRI, CHRISTINE A.
STREET ADDRESS	3013 WINDRIDGE OAKS
CITY-ST-ZIP	PALM HARBOR FL
TITLE	V
NAME	DEFERRARRI, RON
STREET ADDRESS	104 HARBOR LANE
CITY-ST-ZIP	PALM HARBOR FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mark Wilson	
1.3 STREET ADDRESS	104 Harbor Drive	
1.4 CITY-ST-ZIP	Palm Harbor FL 34683	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Christine A. Deferrari Wilson	
2.3 STREET ADDRESS	104 Harbor Drive	
2.4 CITY-ST-ZIP	Palm Harbor FL 34683	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 affidavit.

SIGNATURE: Christine Deferrari 1/31/95 813 854-5500
(Typed Name) (Typed Name)