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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

MICRO	FLECTRONIC	COMPLITER	SYSTEMS	INC.

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Principal Place of	of Business	Mailing Address				
4507 WINDERWOOD CIRCLE 4507 WINDERWOOD C ORLANDO FL 32811 ORLANDO FL 32811						
					Date Incorporated or Qualified 01/08/1992	3a. Date of Last Report 06/12/1995
2. Principal Plai	ce of Business	2a. Maring Address		,	4. FEI Number	Applied For
21		26			59-3098988	Not Applicable
Surte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			_	Fee Required
City & State		Orty & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zus	Country	28 Zip	Country		This corporation has liability for it	Added to Fees
Zip 24	25	29	30		Florida Statutes Yes	
24	g. Name and Address of Current	1			10. Name and Address of New R	
			81	Name		
THIECO	EN DICHADO D				(O.O. Flau Mumbay is Not Associated	155
	THIESSEN, RICHARD P. 4507 WINDERWOOD CIRCLE			82 Street Address (P.O. Box Number is Not Acceptable)		
	DO FL 32835		83			
ONDAN	DO 1 E 32833					
			84	City		FL 85 Zip Code
11. Pursuant to or registere familiar with	o the provisions of Sections 607 0502 a ad agent, or both, in the State of Florida n, and accept the obligations of, Section	nd 607.1508, Florida Stat . Such change was autho n 607.0505, Florida Statut	utes, the above-r rized by the corp ies.	amed corpor oration's book	ation submits this statement for the pur rd of directors. Thereby accept the appo	pose of changing its registered office bintment as registered agent. I an:
SIGNATURE _	Signative types on professional entresponsible tagent a	distriction or able	dv ar Begadased Ages	t sagarature response	(Lwhi) Familiang	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	D	[] DELETE	1 1 TITLE			Change Addition
NAME	THIESSEN, RICHARD		1.2 NAME			
STREET ADDRESS	4507 WINDERWOOD CIRCLE		13STREET	ACHRESS.		
City - S1 - ZiP	ORLANDO FL		14 City - S	T - ZiP		
TITLE	D	☐ DELEFE	2 17/116			Change 🔲 Addition
NAME	THIESSEN, KATHRYN		2.2 NAME			•
STHEET ADDRESS	4507 WINDERWOOD CIRCLE		2 3 STREET	ADDRESS.		
CITY-ST-ZIP	ORLANDO FL		2 4 0 ITY - S	T 21P		
TITLE		DETE LE	3 1 TITLE			Change
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	AE DRESS		
CITY - ST - ZIP			3.4 CiTY - S	1 7 P		
TITLE		DELETE	4 1 TI ¹ LF			Change 🗀 Addition
NAME			4.2 NAME			
STREET ADDRESS			4 3 STHEFT	ADJRESS .		
CITY-ST-ZIP			4.4 CiTY - S	1 - 2rP	u	
FITLE		☐ DELETE	5 1 TIFLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP		F reces	5.4 City - 5	51 - 71P		Change Classic
THILE		☐ DELETE	€ 1 T-TLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREET			
CITY-ST-ZIP			6.4 CiTy - 9	r. 7:P		

14. I do hereby certify that the information supplies with this fing is voluntarily furnished and cloes not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as redurred by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or of an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR