

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 # **V20482**

1. Corporation Name

BOCA MICROTECHNOLOGY, INC.

Principal Place of Business

**980 N. FEDERAL HIGHWAY
#200-442
BOCA RATON FL 33432
US**

Mailing Address

**980 N. FEDERAL HIGHWAY
#200-442
BOCA RATON FL 33432
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**YOUNG, DAVID L c/o BOCA MICRO TECHNOLOGY
980 N. FEDERAL HIGHWAY
SUITE 200 SUITE 442
BOCA RATON FL 33432**

3. Date Incorporated or Qualified

03/10/1992

4. FEI Number

65-0316397

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/11/99

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE

NAME **YOUNG, DAVID L**
STREET ADDRESS **980 N FEDERAL HWY #200-442**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE D ☐ DELETE

NAME **YOUNG, WILLIAM L**
STREET ADDRESS **980 N FEDERAL HWY #200 442**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **DTS** ☒ DELETE

NAME **SPENGER, DINA L**
STREET ADDRESS **980 N FEDERAL HWY #200**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE D ☐ DELETE

NAME **BENNETT, ROBERT S**
STREET ADDRESS **980 N FEDERAL HWY #200 442**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **PAEZ, CAM** ☐ DELETE

NAME **980 N. F20 HWY #442**
STREET ADDRESS **BOCA RATON, FL 33432**
CITY-ST-ZIP **FL 33432**

TITLE **T/S** ☐ DELETE

NAME **T/S**

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/11/99 561-381-7200

CR2E034 (5/99)