

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V47871** (1)

1. Corporation Name

FLORIDA MICROCOMP, INC.



Principal Place of Business

**8535 BAYMEADOWS RD. #1
JACKSONVILLE FL 32256**

Mailing Address

**8535 BAYMEADOWS RD. #1
JACKSONVILLE FL 32256**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MARKS, LEONARD H.
201 EAST KENNEDY BLVD.
SUITE 1516
TAMPA FL 33602**

3. Date Incorporated or Qualified

07/02/1992

3a. Date of Last Report

10/26/1995

4. FEI Number

59-3139480

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ 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 of person performing the filing is required for the filing to be effective.)

(Signature of Registered Agent is required when registering.)

(DATE)

12. OFFICERS AND DIRECTORS

1. NAME ☐ DELETE

**D
CHANG, JEN HSUEH
630 E. WINNIE WAY
ARCADIA CA 91006**

2. NAME ☐ DELETE

3. NAME ☐ DELETE

4. NAME ☐ DELETE

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31. NAME ☐ DELETE

32. NAME ☐ DELETE

33. NAME ☐ DELETE

34. NAME ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. 1. TITLE ☐ Change ☐ Addition

2. 2. NAME ☐ Change ☐ Addition

3. 3. STREET ADDRESS ☐ Change ☐ Addition

4. 4. CITY-ST-ZIP ☐ Change ☐ Addition

5. 5. TITLE ☐ Change ☐ Addition

6. 6. NAME ☐ Change ☐ Addition

7. 7. STREET ADDRESS ☐ Change ☐ Addition

8. 8. CITY-ST-ZIP ☐ Change ☐ Addition

9. 9. TITLE ☐ Change ☐ Addition

10. 10. NAME ☐ Change ☐ Addition

11. 11. STREET ADDRESS ☐ Change ☐ Addition

12. 12. CITY-ST-ZIP ☐ Change ☐ Addition

13. 13. TITLE ☐ Change ☐ Addition

14. 14. NAME ☐ Change ☐ Addition

15. 15. STREET ADDRESS ☐ Change ☐ Addition

16. 16. CITY-ST-ZIP ☐ Change ☐ Addition

17. 17. TITLE ☐ Change ☐ Addition

18. 18. NAME ☐ Change ☐ Addition

19. 19. STREET ADDRESS ☐ Change ☐ Addition

20. 20. CITY-ST-ZIP ☐ Change ☐ Addition

21. 21. TITLE ☐ Change ☐ Addition

22. 22. NAME ☐ Change ☐ Addition

23. 23. STREET ADDRESS ☐ Change ☐ Addition

24. 24. CITY-ST-ZIP ☐ Change ☐ Addition

25. 25. TITLE ☐ Change ☐ Addition

26. 26. NAME ☐ Change ☐ Addition

27. 27. STREET ADDRESS ☐ Change ☐ Addition

28. 28. CITY-ST-ZIP ☐ Change ☐ Addition

29. 29. TITLE ☐ Change ☐ Addition

30. 30. NAME ☐ Change ☐ Addition

31. 31. STREET ADDRESS ☐ Change ☐ Addition

32. 32. CITY-ST-ZIP ☐ Change ☐ Addition

33. 33. TITLE ☐ Change ☐ Addition

34. 34. NAME ☐ Change ☐ Addition

35. 35. STREET ADDRESS ☐ Change ☐ Addition

36. 36. CITY-ST-ZIP ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-96

904-737-8087

CR2E034 (12/95)