

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 22 AM 10:15

DOCUMENT # **V58785** (9)

1. Corporation Name

PALM BEACH MICROSYSTEMS INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**1760 SW 12 ST
BOCA RATON FL 33486**

Mailing Address

**1760 SW 12 ST
BOCA RATON FL 33486**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1992

3a. Date of Last Report

08/01/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0348239

Applied For

Not Applicable

State, Apt. #, etc.

State, Apt. #, etc.

22

27

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

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

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.03, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCFADDEN, THOMAS P. JR
1760 SW 12 ST
BOCA RATON FL 33486**

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 607.05(2) and 607.15(2), 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 in Section 607.05(2), Florida Statutes.

SIGNATURE

Signature of person appointed as registered agent in this jurisdiction

Signature of person appointed as registered agent in this jurisdiction

Date

12. OFFICERS AND DIRECTORS

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

**D
MCFADDEN, THOMAS P. JR
1760 SW 12 ST
BOCA RATON FL**

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in tax law 114.07(1)(b), Florida Statutes, for the year that the information supplied 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 liquidator empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or as an attachment with an address.

SIGNATURE:

Thomas P. McFadden, Jr.

THOMAS P. MCFADDEN, JR.

4/20/95

(407) 294-8855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR