


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).

**FILED**  
**Aug 03, 1999 8:00 am**  
**Secretary of State**

08-03-1999 90001 016 \*\*\*550.00

PROFIT CORPORATION ANNUAL-REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000015501</b>					
1. Corporation Name <b>COS FREQUENCY PRODUCTS, INC.</b>					
Principal Place of Business 200 E. ROBINSON ST., STE. 1250 ORLANDO FL 32801			Mailing Address 200 E. ROBINSON ST., STE. 1250 ORLANDO FL 32801		
2. Principal Place of Business 21 <b>751 FLEET FINANCIAL</b>		2a. Mailing Address 26 <b>751 FLEET FINANCIAL</b>		3. Date Incorporated or Qualified <b>02/16/1998</b>	
Suite, Apt. #, etc. 22 <b>113</b>		Suite, Apt. #, etc. 27 <b>113</b>		4. FEI Number <b>59-3518608</b>	
City & State 23 <b>LONGWOOD</b>		City & State 28 <b>LONGWOOD</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip 24 <b>32750</b>	Country 25 <b>SEMINOLE</b>	Zip 29 <b>32750</b>	Country 30 <b>SEMINOLE</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>DVORES, HARRIS N ESQUIRE 200 E. ROBINSON ST. STE. 1250 ORLANDO FL 32801</b>				8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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.				10. Name and Address of New Registered Agent	
SIGNATURE <b>BRUCE WRIGHT</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>JULY 26 1999</b> <small>(NOTE: Registered Agent signature required when reinstating.)</small>	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b> <input type="checkbox"/> DELETE				1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>WRIGHT, BRUCE</b>				1.2 NAME	
STREET ADDRESS <b>3045 BARNWOOD CROSSING</b>				1.3 STREET ADDRESS <b>2321 COOLBROOKE CT.</b>	
CITY-ST-ZIP <b>DULUTH GA 30097</b>				1.4 CITY-ST-ZIP <b>DAVIEDO FL 32766</b>	
TITLE <b>D</b> <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>PAYNE, THOMAS</b>				2.2 NAME	
STREET ADDRESS <b>340 S. KIMBERLY CT.</b>				2.3 STREET ADDRESS	
CITY-ST-ZIP <b>CEDAR CITY UT 84720</b>				2.4 CITY-ST-ZIP	
TITLE <b>D</b> <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>DAHART, ROGER</b>				3.2 NAME	
STREET ADDRESS <b>1377 CAMINO ROBLES WAY</b>				3.3 STREET ADDRESS	
CITY-ST-ZIP <b>SAN JOSE CA 95120</b>				3.4 CITY-ST-ZIP	
TITLE <b>D</b> <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>KLUSMEIER, WAYNE</b>				4.2 NAME	
STREET ADDRESS <b>1A SPRINGLEAF AVE.</b>				4.3 STREET ADDRESS	
CITY-ST-ZIP <b>SINGAPORE REPUBLIC OF SINSA 78841-9</b>				4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY-ST-ZIP				5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY-ST-ZIP				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: <b>SIGNATURE REQUIRED</b> <b>JULY 26 1999 407-977-2966</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



DO NOT WRITE IN THIS SPACE

CR2E034 (5/99)