## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 658759

(6)

Mailing Address

MICROWAVE COMPONENTS, INC.

3171 SE DOMINICA TERR STUART FL 34997			3171 SE DOMINICA TERR STUART FL 34997-5719								
							3.	Date Incorporated or Qualified 03/11/1980		ate of Last R 12/1996	leport
2. Principal Place of Business			2a. Mailing Address				4.	, FEI Number		Ar	plied For
1			6					<b>59-1992444</b> Not Applicable			
Suite, Apt #, etc. 22 City & State 23			Suite, Apt. #, etc. 27 City & State 28					5. Certificate of Status Desired		\$8.75 Additional Fee Required	
							6.	6. Election Campaign Financing \$5.00 h Trust Fund Contribution Added to			
Zip 24	Country <b>25</b>	29 30			Country			8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Currer	nt Regis	tered Agent			,		. Name and Address of New R	egistered	Agent	
	ALZO, FRANK T.				81	Name	е				
	1 SE DOMINICA TERRACE				82	Street	t Address (	P.O. Box Number is Not Accepta	able)		······································
STE. 5E											
SIL	JART FL 33497				83						
					84	City			FL	<b>85</b> Zip	Code
SIGNATURE 12.	Styrators, typed or protect came of registered ag OFFICERS AN			TE Registere	ed Age	ent signature	ure required whe	en reinstaling) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTOR	RS IN 12
THE	DP		DELETE 1.1		1 TITLE		T			Change	Addition
NAME.	SCALZO, FRANK T.			1.2 Å	IAME		į				
STREET ADDRESS	4200 COUNTY LINE ROAD			1.3 \$	TREET	ADDRESS	; [				
CITY-ST-7#	JUPITER FL					ST-ZIP					
THE	S CONTO COLLEGE		☐ DELETE	2.1 7						☐ Change	Addition
NAME CERSON ADJOURNAL	SCALZO, COLLEEN 4200 COUNTY LINE ROAD			2.2 M		I ADDRESS					
STREET ADORESS ONLY-ST. ZIP	JUPITER FL			1		ST-ZIP	` <b>\</b>	••			
THILE			DELETE	3.11		<u> </u>	<del> </del>			Charige	Addition
NAME				3.21	IAME						
STHEET ADDRESS				335	TREET	r address	3				
City - ST - ZiP				_		ST-ZIP	<u> </u>				
TITLE			☐ DELETE	4,1 ]						Change	Addition
NAME					NAME						
STREET ADDRESS						T ADDRESS	8				
CHY-SI-ZIF TILE			DELETE	4.4 ( 5.1 1		ST-ZIP	<del></del>		<del></del>	Change	Addition
NAME			hand Markette		IAME					A.m., B.	
STREET ADDRESS						T ADORESS	s				

5.4 CITY-ST-ZIP

64 CITY-ST-ZIP

6.1 TITLE

62 NAME **63 STREET ADDRESS** 

CITY - ST. ZIP

STREET ADDRESS

City-St-ZP

THEF

NAME

DELETE

14. I do hereby certify that the information supplied with this filling 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 all achment with an address.

Change

Addition

**FILED** 

Apr 21 1997 8:00am

Secretary of State