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**Feb 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F94000006020 (1)

1. Corporation Name
WAVELENGTH SYSTEMS DESIGN, INC.



Principal Place of Business: **721 E. EL SEGUNDO BLVD. EL SEGUNDO CA 90245**
Mailing Address: **721 E. EL SEGUNDO BLVD. EL SEGUNDO CA 90245-4108**

3. Date Incorporated or Qualified: **11/22/1994** 3a. Date of Last Report: **07/29/1996**
4. FEI Number: **95-4082246** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country
2a. Mailing Address: **25** Suite, Apt. #, etc. **26** City & State **27** Zip **28** Country

9. Name and Address of Current Registered Agent
DE FRISCO, JAMES
1950 NE 147TH TERRACE
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent
81 Name: **DE FRISCO, JAMES**
82 Street Address (P.O. Box Number is Not Acceptable): **2722 S. PARK ROAD**
83
84 City: **PEMBROKE PARK** **FL** 85 Zip Code: **33009**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PDS	<input type="checkbox"/> DELETE
NAME	KRONFELD, BERT	
STREET ADDRESS	740 LONGFELLOW	
CITY-ST-ZIP	HERMOSA BEACH CA	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	KRONFELD, BERT	
STREET ADDRESS	740 LONGFELLOW	
CITY-ST-ZIP	HERMOSA BEACH CA 90254	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: **X** _____ **SIGNATURE REQUIRED** Date: **2-8-97** (310) 322-9075

CR2E034 (9/96)