

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

FILED

**May 20 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F94000006020 (1)

1. Corporation Name
WAVELENGTH SYSTEMS DESIGN, INC.



Principal Place of Business Mailing Address
721 E. EL SEGUNDO BLVD. EL SEGUNDO CA 90245

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/22/1994

4. FEI Number
95-4082246

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

9. Name and Address of Current Registered Agent
**DE FRISCO, JAMES
2722 S PARK ROAD
PEMBROKE PARK FL 33009**

10. Name and Address of New Registered Agent
81 Name **Jacqueline De Frisco**
82 Street Address (P.O. Box Number is Not Acceptable)
2230 N.W. 103rd Ave
83
84 City **Pembroke Pines** FL 85 Zip Code **33026**

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 *BERT KRONFELD, Pres. & Director* 6-11-98
Signature typed or printed name of registered agent or trustee appointed (Not for 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	PDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KRONFELD, BERT	
1.3 STREET ADDRESS	1706 8th STREET	
1.4 CITY-ST-ZIP	Manhattan Beach, CA 90266	
2.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KRONFELD, BERT	
2.3 STREET ADDRESS	1706 8th Street	
2.4 CITY-ST-ZIP	Manhattan Beach, CA 90266	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	ONLY STREET	
3.4 CITY-ST-ZIP		
4.1 TITLE	ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CHANGES	
4.3 STREET ADDRESS	ABOVE	
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 hereby certify that the information supplied with this filing does not require an 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 correct 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 of the corporation; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)