

**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. Morham**  
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 30

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 special agent (Not a Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PDS</b>	1.1 TITLE	<b>PDS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRONFELD, BERT</b>	1.2 NAME	<b>KRONFELD, BERT</b>
STREET ADDRESS	<b>740 LONGFELLOW</b>	1.3 STREET ADDRESS	<b>1706 8th STREET</b>
CITY-ST-ZIP	<b>HERMOSA BEACH CA</b>	1.4 CITY-ST-ZIP	<b>Manhattan Beach, CA 90266</b>
TITLE	<b>DC</b>	2.1 TITLE	<b>DC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRONFELD, BERT</b>	2.2 NAME	<b>KRONFELD, BERT</b>
STREET ADDRESS	<b>740 LONGFELLOW</b>	2.3 STREET ADDRESS	<b>1706 8th Street</b>
CITY-ST-ZIP	<b>HERMOSA BEACH CA 90254</b>	2.4 CITY-ST-ZIP	<b>Manhattan Beach, CA 90266</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	<b>ONLY STREET</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<b>ADDRESS</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>CHANGES</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>ABOVE</b>
TITLE		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		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 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)