

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 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1994

4. FEI Number

95-4082246

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

☐

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 25

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

Signature typed or printed name of registered agent or officer or director

(NCH) Registered Agent signature required when reinstating

DATE

6-11-98

12. OFFICERS AND DIRECTORS

TITLE PDS ☐ DELETE

NAME KRONFELD, BERT
STREET ADDRESS 740 LONGFELLOW
CITY-ST-ZIP HERMOSA BEACH CA

TITLE DC ☐ DELETE

NAME KRONFELD, BERT
STREET ADDRESS 740 LONGFELLOW
CITY-ST-ZIP HERMOSA BEACH CA 90254

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PDS ☒ Change ☐ Addition

12 NAME KRONFELD, BERT
13 STREET ADDRESS 1706 8th STREET
14 CITY-ST-ZIP Manhattan Beach, CA 90266

21 TITLE DC ☒ Change ☐ Addition

22 NAME KRONFELD, BERT
23 STREET ADDRESS 1706 8th Street
24 CITY-ST-ZIP Manhattan Beach, CA 90266

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS ONLY STREET
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME ADDRESS
43 STREET ADDRESS CHANGES
44 CITY-ST-ZIP ABOVE

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not
indicated on this annual report or supplemental annual report is true and
correct. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
Block 12 or Block 13 if changed, or on any attachment with an address.

exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information
and that my signature shall have the same legal effect as if made under oath; that I am an
attest this report as required by Chapter 607, Florida Statutes; and that my name appears in

CR2E034 (10/97)