

✓ **SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.**
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**APPROVED
AND
FILED**

97 AUG -1 AM 9:13

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # G50973 (8)
1. Corporation Name
COMTECH DEVELOPMENT, INC.



Principal Place of Business
**8500 SATELLITE BLVD
SUITE 160
ORLANDO FL 32837
US**

Mailing Address
**7356 GREENBRIAR PARKWAY
ORLANDO FL 32819**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 9500 Satellite Blvd.		26 9500 Satellite Blvd.		07/22/1983		03/04/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 Suite 160		27 Suite 160		59-2494581		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Orlando, FL		28 Orlando, FL		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 32837		29 32837		Country			
25 Orange		30 Orange					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMMERMAN, DON R.

7356 GREENBRIAR PARKWAY

ORLANDO FL 32819

81 Name	Don R. Ammerman	
82 Street Address (P.O. Box Number is Not Acceptable)	9500 Satellite Blvd.	
83 Suite	Suite 160	
84 City	Orlando	85 Zip Code
		FL 32837

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	ST
NAME	AMMERMAN, DON R.	1.2 NAME	Don R. Ammerman
STREET ADDRESS	7356 GREENBRIAR PARKWAY	1.3 STREET ADDRESS	9500 Satellite Blvd., Suite 160
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL 32837
TITLE	STP	2.1 TITLE	STP
NAME	CAVALLERO, LUCIUS J.	2.2 NAME	Lucius J. Cavallero
STREET ADDRESS	7356 GREENBRIAR PARKWAY	2.3 STREET ADDRESS	9500 Satellite Blvd. Suite 160
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32837
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 attachment with an address. **Lucius J. Cavallero**

SIGNATURE:

SIGNATURE REQUIRED

07/29/97 407-240-8866

CR2E034 (4/97)