

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.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

APPROVED  
AND  
FILED

97 AUG -1 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H18596 (7)  
1. Corporation Name  
COMTECH MANAGEMENT, INC.



Principal Place of Business  
9500 SATELLITE BLVD  
STE 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.	08/29/1984	03/04/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22 Suite 160	27 Suite 160	59-2444711	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.	Yes No
24 32837	29 32837		
Country	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 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	DP	1.1 TITLE	DP
NAME	AMMERMAN, DON R.	1.2 NAME	Ammerman, Don R.
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	VST	2.1 TITLE	VST
NAME	CAVALLERO, LUCIUS J.	2.2 NAME	Cavallero, Lucius J.
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)