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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

& ODEGODY & DOVED



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M85893

(9)

Mailing Address

TAMPA MICROWAVE LAB, INC.

FILED										
Feb 11 1997 8:00am										
Secretary of State										

% Gregory F. Boyer 2522 Lake Ellen LN Tampa Fl 33618		% Gregory F. Boyer 2522 Lake Ellen LN Tampa Fl 33618-3206									
						3. Date Incorporated or Qualified 06/15/1988		of Last R 1/1996	eport		
Principal Place of Business 2a. Mailing Address						4. FEI Number	· · · · · · · · · · · · · · · · · · · ·	Ap	plied For		
21 12160 Race Track Road 26 12160 Race Trac			Track_	Road	l	59-2896800		No	t Applicable		
Suite, Apt. #, etc. Suile, Apt. #, etc. 27						5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State 23 Tampa	, Florida	City & State 28 Tampa. Flor				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Ζιρ 24 33626	Country	Zip 29 33626-3111	Count	•	•	8. This corporation has liability for in Florida Statutes	itangible t	ax under s			
	9. Name and Address of Curre		<u> </u>	D USA Florida Statutes LX Yes LI No 10. Name and Address of New Registered Agent							
KUT	CHINS, BRYAN A. ESQ		8	1 Nai	me						
169 STATE STREET WEST SUITE A			8	2 Stre	et Addre	Address (P.O. Box Number is Not Acceptable)					
OLDSMAR FL 34677			8	3	•						
			- 1	4 City			FL	ļ i	Code		
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											
12.	Signature, typed or printed name of registered of OFFICERS AT	ND DIRECTORS	L: Registered A	gent sign	ature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DIRECTOR	C INI 10		
TITLE	0	DELETE	1.1 T#TLE	:	·····	ADDITIONS/CHANGES TO OFFICE		Change	Addition		
NAME	WALWORTH, JIMMY H		1,2 NAM								
STREET ADDRESS	12160 RACE TRACK RD			et addre	ss						
CITY-S1-7IP	TAMPA FL 33626		1.4 CITY	- ST- ZIP							
TITLE	D	DELETE	2.1 TITLE					Change	Addition		
NAME	WALWORTH, SUE R		2.2 NAMI	Ε							
STREET ADDRESS	SS 12160 RACE TRACK RD 2.3.5			ET ADDRE	ss						
CITY-ST-ZIP	TAMPA FL 33626		2. 4 CITY	-ST-ZIP	l						
TITLE	D	☐ DELETE	3.1 TITLE					Change	☐ Addition		
NAME	NICOSIA, JOHN A		3.2 NAM	Ε							
STREET ADDRESS	12160 RACE TRACK RD		3.3 STRE	ET ADDRE	ss						
CITY-ST-7IF	TAMPA FL 33626		3.4. CiTY	-ST-ZIP							
TITLE		☐ DELETE	4.1 TITLE					Change	☐ Addition		
NAME			4. 2 NAM	ΙĔ							
STREET ADDRESS			4.3 STRE	et addre	ss	;					
CITY-ST-ZIP			4.4 CITY	-ST-ZIP		:					
TITLE		☐ DELETE	5.1 TITLE					Change	Addition		
NAME			5.2 NAMI	E							
STREET ADDRESS			5.3 STRE	et addre	SS						
CITY-ST-ZIP			5.4 CITY								
DILE		☐ DELETE	6.1 TITLE				Į	Change	Addition		
NAME			6.2 NAMI	E							
STREET ADDRESS			6.3 STRE	et addre	SS						
CITY-ST-ZIP			6.4 CITY	-ST-ZIP	L						

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.

SIGNATURE:

Wallwards VP Sac R. Walworth, V.P. 2/6/97

(813) 855-2251