

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 12 1997 8:00am
Secretary of State

DOCUMENT # **P19438** (1)
1. Corporation Name
BEACON MICROWAVE & INSTRUMENTATION, INC.



Principal Place of Business Mailing Address
5881 GLENRIDGE DR
STE 230
ATLANTA GA 30328
US

3. Date Incorporated or Qualified **05/31/1988** 3a. Date of Last Report **04/23/1996**
4. FEI Number **58-1774619** Applied For
Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

SOULE, BRUCE C
289 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip 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

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P FARRELL, MICHAEL J.**
STREET ADDRESS **610 MARK TRAIL CT**
CITY-ST-ZIP **ATLANTA GA**
TITLE ☐ DELETE
NAME **S PHOEBE L HIAN**
STREET ADDRESS **5881 GLENRIDGE DRIVE, SUITE 230**
CITY-ST-ZIP **ATLANTA GA**
TITLE ☐ DELETE
NAME **D FARRELL, MICHAEL J.**
STREET ADDRESS **610 MARK TRAIL CT.**
CITY-ST-ZIP **ATLANTA GA**
TITLE ☐ DELETE
NAME **D WILLIAMMEE, JOHN T.**
STREET ADDRESS **2380 S. RIVER ROAD**
CITY-ST-ZIP **MELBOURNE BEACH FL**
TITLE ☐ DELETE
NAME **VP SMITH, TERRY P.**
STREET ADDRESS **5881 GLENRIDGE DR., STE. 230**
CITY-ST-ZIP **ATLANTA GA**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
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 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: *Phoebe H. Land* *Phoebe H. Land*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97 (404) 256-9640
Date Daytime Phone #

CR2E034 (9/96)