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95 MAY -1 PM 5:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P92000002067 (6)

1. Corporation Name:
SOLITRON/VECTOR MICROWAVE PRODUCTS, INC.

Principal Place of Business: **3301 ELECTRONICS WAY
WEST PALM BEACH FL 33407**
Mailing Address: **3301 ELECTRONICS WAY
WEST PALM BEACH FL 33407**

(DO NOT WRITE IN THIS SPACE)

3. Date of Incorporation or Creation 11/04/1992	3a. Date of Last Report 05/18/1994
4. FEI Number 65-0368031	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business: 21 State Apt # etc: 22 City & State: 23 Zip: 24 County: 25	2a. Mailing Address: 26 State Apt # etc: 27 City & State: 28 Zip: 29 County: 30
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9. Name and Address of Current Registered Agent

RAGL, AL
3301 ELECTRONICS WAY
% SVMP
WEST PALM BEACH FL 33407

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 607.01(1) and 607.15(2), Florida Statutes, this 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 607.01(1), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

NAME	PD MARTIN, WILLIAM C
STREET ADDRESS	4018 WINGREN DR.
CITY, STATE, ZIP	IRVING TX
NAME	T GENGLER, JOHN R
STREET ADDRESS	P.O. BOX 551 N/A
CITY, STATE, ZIP	TOMS RIVER NJ 08754

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		
CITY, STATE, ZIP		
NAME	T Rane, Blaine K.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	4719 Sea Oats Cr #302	
CITY, STATE, ZIP	WPB, FL 33417	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true, and qualify for the exemption stated in Section 199.03(1)(b), Florida Statutes. I further certify that this information is filed in this annual report or supplemental annual report as 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 at the time of filing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing. If my name or address changes, the Bureau will be notified.

SIGNATURE: *Blake K. Rane* **BLAKE K. RANE** 29 Mar 95 840-1800