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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-7IP

appears in Block 12

SIGNATURE



FLORIDA DEPARTMENT OF STATE

FILED

Apr 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P92000006994 (7)**

MICROWAVE TECHNOLOGY ASSOCIATES. INC.

Principal Place of Business Mailing Address 820 EMDEN AVE NW 820 EMDEN AVE NW PALM BAY FL 32907-8287 PALM BAY FL 32907 3. Date Incorporated or Qualified 3a. Date of Last Report 05/28/1996 11/23/1992 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3151784 26 Not Applicable 21 Suite, Apt.#, eld Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes 🗷 No 29 30 Florida Statutes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 THURSBY, MICHAEL H Name 820 EMDEN AVE NW Street Address (P.O. Box Number is Not Acceptable) PALM BAY FL 32907 83 City 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. Fam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signar will typic or protect make of expistered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition □ DELETE 1.1 TITLE TITLE THURSBY, MICHAEL H 12 NAME NAME 820 EMDEN AVE NW 13 STREET ADDRESS STREET AUDRESS PALM BAY FL 32907 1.4 CiTY - ST-7IP 0/1Y-S1-74 Addition DELETE Change 21 TITLE TILE THURSBY, DARCY L NALIF 2.2 NAME 820 EMDEN AVE NW 2.3 STREET ADDRESS STREET ADORESS PALM BAY FL 32907 2. 4 CITY - ST - ZIP C(1Y-S1-2)F DELETE Change Addition TITLE 3.1 TITLE WITMER, THELMA M 3.2 NAME NAMI 723 NIAGARA ST NW 3.3 STREET ADDRESS STREET ADDRESS PALM BAY FL 32907 3.4. CITY-ST-ZIP C 11-51-20 DELETE Change Addition TITLE 4.1 TITLE MW. 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CHY - ST- 70° DELE TE 5.1 TITLE Change Addition Title 52 NAME NAME 5.3 STREET ADDRESS STREET AODRESS 5.4 CITY - ST - ZIP DELETE Change Addition 61 TITLE hitte NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-S1-ZIP

c receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name n an all chmepting an address.

4077688000

Daytime Phone #

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