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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200006994 (7)

MICROWAVE TECHNOLOGY ASSOCIATES, INC.

Principal Place of Business Mailing Address 820 EMDEN AVE NW 820 EMDEN AVE NW PALM BAY FL 32907 PALM BAY FL 32907 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/23/1992 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3151784 26 Not Applicable Sulte, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zio 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name THURSBY, MICHAEL H 820 EMDEN AVE NW Street Address (P.O. Box Number is Not Acceptable) PALM BAY FL 32907 83 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 any accept the obligations of Section 607.0505, Florida Statutes.

SIGNAT en reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1 1 TITLE THURSBY, MICHAEL H NAME 1.2 NAME 820 EMDEN AVE NW STREET ADDRESS 1.3 STREET ADDRESS PALM BAY FL 32907 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE Change 2.1 TITLE THURSBY, DARCY L NAME 2.2 NAME 820 EMDEN AVE NW STREET ADDRESS 2.3 STREET ADDRESS PALM BAY FL 32907 CITY-ST-ZIP 2.4 CITY-S1-ZIP DELETE TITLE D 3.1 TITLE Change Addition WITMER, THELMA M NAME 3.2 NAME 723 NIAGARA ST NW STREET ADDRESS 3.3 STREET ADDRESS PALM BAY FL 32907 CITY-ST-ZIP 3.4. CHTY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP ☐ DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

64 CHY-ST-ZIP

14. I 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 13 if chapter 607 or on an attachment with an address

DIOMATURE MARIE

9 RBL 90

CR2E034 (10/97)

FILED

Apr 17 1998 8:00am

Secretary of State