

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000058490 (2)

1. Corporation Name

R.F. WAVELENGTH & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

3505 PELICAN LANE
ORLANDO FL 32803

3505 PELICAN LANE
ORLANDO FL 32803



2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt #, etc.

27

City & State

28

Zip

25

Country

29

Zip

30

Country

3. Date Incorporated or Qualified

08/16/1993

3a. Date of Last Report

06/20/1995

Applied For

Not Applicable

4. FEI Number

59-3196177

\$8.75 Additional

Fee Required

5. Certificate of Status Desired

\$5.00 May Be

Added to Fees

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

CARLISLE, RONALD W
2731 SILVER STAR RD.
ORLANDO FL 32808-3935

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, Typed or Printed Name of Registered Agent and Title, if applicable

(NOTE: Registered Agent signature required when reinstating)

SPS

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

TITLE	PD	<input type="checkbox"/> DELETE	11 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, JEFFREY A		12 NAME	GREGORY PAUL SAWYER	
STREET ADDRESS	3505 PELICAN LANE		13 STREET ADDRESS	1216 CRESSEA PL	
CITY-ST-ZIP	ORLANDO FL 32803		14 CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VD	<input type="checkbox"/> DELETE	21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, SUSAN D		22 NAME		
STREET ADDRESS	3505 PELICAN LANE		23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803		24 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLISLE, RONALD W		32 NAME		
STREET ADDRESS	2731 SILVER STAR RD.		33 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808-3935		34 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-96 407 895 5733
Daytime Phone #

CR2E034 (3/96)