

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P95000046906 (0)**

1. Corporation Name  
**SV MICROWAVE, INC.**



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

3. Date Incorporated or Qualified: **06/13/1995**  
3a. Date of Last Report: [Blank]  
4. FEI Number: **APPLIED FOR**  
Applied For: [Blank] / Not Applicable: [Blank]  
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  
21. Suite, Apt. #., etc.: [Blank]  
22. City & State: [Blank]  
23. Zip: [Blank] Country: [Blank]  
24. Mailing Address  
26. Suite, Apt. #., etc.: [Blank]  
27. City & State: [Blank]  
28. Zip: [Blank] Country: [Blank]  
29. 30. [Blank]

9. Name and Address of Current Registered Agent  
**MARTIN, W C  
3301 ELECTRONICS WAY STE D  
WEST PALM BEACH FL 33407**

10. Name and Address of New Registered Agent  
81. Name: [Blank]  
82. Street Address (P.O. Box Number is Not Acceptable): [Blank]  
83. [Blank]  
84. City: [Blank] FL 85. Zip Code: [Blank]

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]* **TREASURER** DATE: **30 April 96**

12. OFFICERS AND DIRECTORS

TITLE	<b>CEO &amp; PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>William C. Martin</b>	
STREET ADDRESS	<b>4018 Wingren Drive</b>	
CITY-ST-ZIP	<b>Irving, TX 75062</b>	
TITLE	<b>CFO &amp; Treasurer</b>	<input type="checkbox"/> DELETE
NAME	<b>Blake K. Rane</b>	
STREET ADDRESS	<b>14290 Flora Lane</b>	
CITY-ST-ZIP	<b>Wellington, FL 33414</b>	
TITLE	[Blank]	<input type="checkbox"/> DELETE
NAME	[Blank]	
STREET ADDRESS	[Blank]	
CITY-ST-ZIP	[Blank]	
TITLE	[Blank]	<input type="checkbox"/> DELETE
NAME	[Blank]	
STREET ADDRESS	[Blank]	
CITY-ST-ZIP	[Blank]	
TITLE	[Blank]	<input type="checkbox"/> DELETE
NAME	[Blank]	
STREET ADDRESS	[Blank]	
CITY-ST-ZIP	[Blank]	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	<b>300001896598</b>
63. STREET ADDRESS	<b>-07/17/96--01047--008</b>
64. CITY-ST-ZIP	<b>***200.00</b>

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **BLAKE K RANE** DATE: **30 April 96** 407-840 1800x43

CR2E034 (12/95)