

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 30 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/13/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0368031	
24 Country		30 Country		Applied For	
				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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARTIN, W C 3301 ELECTRONICS WAY STE D WEST PALM BEACH FL 33407				81 Name C.J. JANNEY			
				82 Street Address (P.O. Box Number is Not Acceptable) 3301 Electronics Way			
				83 Suite D			
				84 City West Palm Beach FL 85 Zip Code 33407			

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 *C.J. Janney* C.J. JANNEY 6/30/98
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CEOP	<input type="checkbox"/> DELETE	1.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTIN, WILLIAM C		1.2 NAME W.C. Martin	
STREET ADDRESS 5809 SEA BISCUIT RD		1.3 STREET ADDRESS 3301 Electronics Way Suite D	
CITY-ST-ZIP PALM BEACH GARDENS FL		1.4 CITY-ST-ZIP West Palm Beach, FL 33407	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORELLI, JOHN		2.2 NAME John Morelli John Morelli	
STREET ADDRESS 8624 CITATION DR		2.3 STREET ADDRESS 3301 Electronics Way Suite D	
CITY-ST-ZIP PALM BCH GARDENS FL		2.4 CITY-ST-ZIP West Palm Beach, FL 33407	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME Murray Lechner	
STREET ADDRESS		3.3 STREET ADDRESS 3301 Electronics Way Suite D	
CITY-ST-ZIP		3.4 CITY-ST-ZIP West Palm Beach, FL 33407	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME Harry Lechner	
STREET ADDRESS		4.3 STREET ADDRESS 3301 Electronics Way Suite D	
CITY-ST-ZIP		4.4 CITY-ST-ZIP West Palm Beach, FL 33407	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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 12 or Block 13 if changed, or on an attached or other address.

SIGNATURE: *[Signature]*

CR2E034 (5/98)