

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000079940 (9)

1. Corporation Name
COMTECH SOLUTIONS, INC.



Principal Place of Business: 7855 126TH AVENUE NORTH LARGO FL 34643
Mailing Address: 7855 126TH AVENUE NORTH LARGO FL 34643

2. Principal Place of Business: 21 5205 FOWLER AVE, 22 Suite 118, 23 TAMPA FLORIDA, 24 33617
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: 10/13/1995
3a. Date of Last Report
4. FEI Number: 65-0624983
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

9. Name and Address of Current Registered Agent: JONES, DONALD C, 7855 126TH AVENUE NORTH, LARGO FL 34643
10. Name and Address of New Registered Agent: 81 Name: WAYNE A. SLATER, 82 Street Address: 5205 E FOWLER AVE, 83 Suite 118, 84 City: TAMPA, FL, 85 Zip Code: 33617

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: Wayne A Slater, WAYNE A SLATER, PRESIDENT, 5-14-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SLATER, WAYNE	1.1 TITLE	
NAME	5205 E. FOWLER AVENUE, SUITE 118	1.2 NAME	
STREET ADDRESS	TAMPA FL 33617	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D SLATER, CHRIS	2.1 TITLE	
NAME	5205 E. FOWLER AVENUE, SUITE 118	2.2 NAME	
STREET ADDRESS	TAMPA FL 33617	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Wayne A Slater, WAYNE A SLATER, PRESIDENT, 5-14-96, 813 980-3161

CR2E034 (12/95)