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FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **P95000079940**
1. Corporation Name
COMTECH SOLUTIONS, INC.

Principal Place of Business
**5151 W. RIO VISTA
TAMPA, FL 33634**

Mailing Address
SAME

2. Principal Place of Business
21 Suite, Apt. #, etc.
TAMPA, FL
22 City & State
33634
23 Zip

2a. Mailing Address
26 Suite, Apt. #, etc.
SAME
27 City & State
33634
28 Zip

24 Zip
25 Country
USA
29 Zip
30 Country

3. Date Incorporated or Qualified
10/95

3a. Date of Last Report
4/96

4. FEI Number
65-0624983

Applied For
 Not Applicable

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

9. Name and Address of Current Registered Agent
**WAYNE A. SLATER
6615 Jennifer Dr.
Temple Terrace, FL 33617**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.050 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* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE: **PRESIDENT & CEO** DELETE

NAME: **WAYNE A. SLATER**

STREET ADDRESS: **6615 Jennifer Dr.**

CITY-ST-ZIP: **Temple Terrace, FL 33617**

TITLE: **Sec (TREASURER)** DELETE

NAME: **CHRIS A. SLATER**

STREET ADDRESS: **6615 Jennifer Dr.**

CITY-ST-ZIP: **Temple Terrace, FL 33617**

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

700002154407

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*****165.00**

14. I do 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 contained 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, on an attachment with an address.

SIGNATURE: *Wayne A. Slater* **WAYNE A. SLATER, PRESIDENT** **4/17/97** **(813) 890-0800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)