FILE NOW: FILING FEE AFTER MAY 1 IS \$550 00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997DOCUMENT #

P95000079940

COMTECH SOLUTIONS, IN

Mailing Address

Principal Place of Business
5/5/ W. K.O VIITA

SAME

3/3/	, , , , , , , , , , , , , , , , , , , ,	SAME				
TAMPA	r, FC 33634					
7 6					3. Date Incorporated or Qualified	3a. Date of that Report
2. Principal F	Prince of Business	2a. Mailing Address		***************************************	4. FEI Number 24983	Applied For
21		26	***************************************		03-0624182	Not Applicable
Suite, Apr	ampa, FL	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	3634	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country SA	Zip	Country		8. This corporation has liability for i	
24	9. Name and Address of Currer	29	30		Florida Statutes 10. Name and Address of New Re	
<u> </u>	9. Name and Address of Curren	it Hegisterou Agent	81	Name	TO. Haile and Addiess of Hew Ite	Siercian Wilair
W	AYNE A. SCATER	•				
. 6	LAYNE A. SCATER 1615 Jennifer DR Emple TERRACE,	,		Street Addr	ress (P.O. Box Number is Not Acceptab	(e)
1	EMPLETERACE	FL 33617	83			
				City	· · · · · · · · · · · · · · · · · · ·	FL 85 Zip Code
office or agent. La SIGNATURE	Na //	Y			poration submits this statement for the p tion's board of directors. I hereby accep red when reinstating)	t the appointment as registered
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TILLE	PRESIDENT &CEO	DELETE	1 1 THTLE	<u> </u>		Change Addition
MAME	WHYNE A. SLATER		1.2 NAME			
STREET ADDRESS			13 STREET A	DDRESS		
Cifir - S1 - ZiP	TEMPLE TERRACU, FI	136/7	14 CITY-ST-	ZIP		District District
TITLE	Sec (Tronsurer	☐ DELETE	21 TITLE			Change Addition
NAME	Chais A SLATIER		2.2 NAME			
STREET ADE 455		93 /. /2	23 STREET AL	- 1		
Offix ST-200	Templo Tomaci, CL	DELETE	3.1 TITLE	- Ir		Change Addition
NAM:	· İ		3.2 NAME	Ì		
STREET ADDRESS.			3.3 STREET A	DDRESS		
Offy-St 709			3.4 CITY-ST	- ZIP		
1615		☐ DELETE	4.1 THILE			Change Addition
MAM(4. 2 NAME			
S REET ADDRESS			4.3 STREET A			٨
C114 - 21 - 315		Briete	4.4 CITY - ST-	ZIP		Managa Jawasa
10.0		L DELETE	5 1 TITLE 5 2 NAME			/hange Addition
NAME CONTRACTOR INDUSTRIAL			5.3 STREET A	ODRESS		14h ul12/91
CHAILY DRIESS			5.5 STREET A			711/01/1-
THE		DELETE	61 THLE +		سنه به اسب اساء اسبة السبة الساء المساء	hange
NAM			6.2 NAME	.ss.	70000215 -04/25/970100	ササリ (M027
SHIEL VIBRIES			63 STREET A	DORESS	***165.00	7T TUG I
	1				**************************************	. 119

14. On 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 in its carried on this annual report or supplemental annual report is frue 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 gorporation or the reflective or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Block 1

GNASHE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

int

(813)880-0800

FILED

Apr 23 1997 8:00am

Secretary of State

Daylime Phone #