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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

## FILED Apr 30, 1999 8:00 am Secretary of State Katherine Harris Secretary of State

04-30-1999 90125 044 \*\*\*150.00

## DOCUMENT # P9600052094 1. Corporation Name

COMME	rcial Microwave Compoi	NENTS, INC.				
Principal Place	e of Business	Mailing Address		f i Marians ira sarta artis naur antu ans	ii Amimi milla lihii amila 185	II #191 1991
5952 FROWD WAY APOLLO BEACH FL 33572 US  5962 FROWD WAY APOLLO BEACH FL 33572 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
				06/18/1996		
	lace of Business	2a. Mailing Address		4. FEI Number	ا المنافعة	ed For
	FRANDOESON WELL		SON CIRCU	59-3388408		pplicable
Suite, Apt.	#, etc. SU ITE 203	Suite, Apt. #, etc.  27	20.3	5. Certificate of Status Desired	<b>\$8.75</b> Add	
City & Stat	<u> </u>	City & State		6. Election Campaign Financing	\$5.00 м	av Be
23	PPOLLO BEACH FL	28 APOLLO BÉ		Trust Fund Contribution	Added to	
ー Zip つっ	Country	Zip 33(2)	Country	8. This corporation owes the current y	ear Intangible	No :
24 15	516 25 USA	29 373 76 30	USA	Personal Property Tax.		INO
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Regis	resea Wäsur	
C414	EDEC JODY :		oi Ivame			
FAMEREE, JODY 1906 RETRIEVER AVENUE			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	-	
	FNER FL 33584		83			
	• .		84 City	The state of the s	FL 85 Zip Co	de
office or r	registered agent, or both, in the State of m familiar with, and accept the obligation	r Flonda. Such change was autho	nzed by the corporation	oration submits this statement for the purp on's board of directors. I hereby accept the	appointment as regis	gistered itered
office or r	registered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent of	riorida. Such change was autho ons of, Section 607.0505, Florida and title if applicable. (NOTE: Regi	Statutes.	d when reinstating)	ATE	
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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 suppliemental 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 changes or on an attachment with an address, with all other like empowered.

SIGNATURE:

813-645-9195