## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 11 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1**9**98

DOCUMENT # P9700098087 (4)

LCC TECHNOLOGIES, INC.

| Principal Place of Business               |               |                                |  |                        | Mailing Address                           |                             |                          |              |                    |                    | 1 111   |                       |                         | <b>11</b> 111 <b>11</b> 111 | <b>30</b>   11   <b>3</b> 0 | ## \$#### 1W | (E) <b>48</b> 54) 10   | 411 F <b>B</b> 01    | 1001               |
|---|---------------|--------------------------------|--|------------------------|---|-----------------------------|--------------------------|--------------|--------------------|--------------------|---|-----------------------|-------------------------|-----------------------------|-----------------------------|--------------|------------------------|----------------------|--------------------|
| 335 HAMMOCK DRIVE<br>PALM HARBOR FL 34683 |               |                                |  |                        | 335 HAMMOCK DRIVE<br>PALM HARBOR FL 34683 |                             |                          |              |                    |                    | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified                                       |                       |                         |                             |                             |              |                        |                      |                    |
|   |               |                                |  |                        |   |                             |                          |              |                    |                    |   | Incorpo<br>17/199     |                         | Qualifie                    | d                           |              |                        |                      |                    |
| 2. Principal Place of Business            |               |                                |  |                        | 2a. Mailing Address                       |                             |                          |              |                    |                    | 4. FEI Number   |                       |                         |                             |                             |              | - A                    | pplied               | For                |
| 21  |               |                                |  |                        | 26  |                             |                          |              |                    |                    | 59  | - 39                  | 179                     | 80                          | <u> </u>                    |              | N                      | ot Ap                | plicable           |
| 22  | Suite, Apl. # | ite, Apl. #, etc.              |  |                        |   | Suite, Apt. #, etc.         |                          |              |                    |                    | 5. Cert   | ificate of            | Status [                | Desired                     |                             | J            | \$8.75<br>Fee R        |                      |                    |
|   | City & State  | ty & State                     |  |                        | City & State                              |                             |                          |              |                    |                    | ·   |                       | npaign F                | -                           |                             | ,            | \$5.00                 |                      |                    |
| 23  | 71-           | Country                        |  |                        | Zip Country                               |                             |                          |              |                    |                    | Trust Fund Contribution Added to Fees   |                       |                         |                             |                             |              |                        |                      |                    |
| 24  | Zip           | Country 25                     |  |                        | 21b Country                               |                             |                          |              |                    |                    | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. |                       |                         |                             |                             |              |                        |                      |                    |
| 24  |               | 9. Name and Address of Current |  |                        |   |                             |                          |              |                    |                    | 10. Name and Address of New Registered Agent  |                       |                         |                             |                             |              |                        |                      |                    |
|   | FCKI          | LER, E. LI                     |  | 81                     | Name                                      |                             |                          |              |                    |                    |   |                       |                         |                             |                             |              |                        |                      |                    |
|   |               | HAMMOC                         |  |                        |   | 82                          | Street                   | Addres       | ss (P.O. B         | lox Num            | ber is No   | ot Accep              | table)                  |                             |                             |              |                        |                      |                    |
|   |               |                                | R FL 34683   |                        | OZ SIRBOLAL                               |                             |                          |              |                    |                    |   |                       |                         |                             |                             |              |                        |                      |                    |
|   |               |                                |  |                        | 83  |                             |                          |              |                    |                    |   |                       |                         |                             |                             |              |                        |                      |                    |
|   |               |                                |  |                        |   |                             |                          | 84           | City               |                    |   |                       |                         |                             |                             |              | <b>B5</b> Zip          | Code                 | <del>-</del>       |
| L   |               |                                |  |                        |   |                             |                          |              | ĺ                  |                    |   |                       |                         |                             |                             | <u>FL  </u>  |                        |                      |                    |
| 11  | . Pursuant to | the provis                     | ions of Sections 607.0<br>jent, or both, in the St | 0502 and<br>late of Fi | d 607.1508,<br>orida Such                 | Florida Statu<br>change was | ites, the a<br>authorize | bove<br>d by | e-named<br>the con | l corpo<br>poratio | ration sub<br>on's board  | mits this<br>of direc | s stateme<br>tors. I he | ent for the<br>ereby ac     | e purpo<br>cept the         | ose of chean | nanging I<br>ntment as | its regi:<br>s regi: | gistered<br>stered |
|   | agent I an    | familiar wi                    | th, and accept the ob                              | oligations             | s of, Section                             | 607.0505, F                 | lorida Sta               | tutes        | 3.                 | •                  |   |                       |                         | ·                           | •                           | , ,          |                        | _                    |                    |
| SI  | GNATURE _     |                                |  |                        |   |                             | re h                     |              |                    |                    | d when reinsta  | ling                  |                         |                             |                             | ATE          |                        |                      |                    |
| 12  |               | ignalure, lyped                | or printed name of registered<br>OFFICERS.         |                        |   | (NC                         | 13.                      | o Age        | en signature       | e required         |   |                       | HANGE                   | S TO OF                     |                             |              | IRECTO                 | RS IN                | 12                 |
| TIT                                       |               |                                | OTTION 10  | 7 (1 10 2 2 2 7 1      |   | DELETE                      | 1.1.7                    | ITLE         |                    | P                  | 200   |                       |                         |                             |                             |              | Change                 |                      | Addition           |
| NAI                                       |               |                                |  |                        | _   |                             | 1.2 N                    | IAME         |                    | E                  | LAS   | Po                    | KLB                     | 4                           |                             |              |                        |                      |                    |
| 1   | REET ADDRESS  |                                |  |                        |   |                             | 135                      | TREET        | ADDRESS            | 33                 | 5 14  | AN)                   | HOCI                    | E 11                        | R                           |              |                        |                      |                    |
| 1   | Y-ST-ZIP      |                                |  |                        |   |                             | 140                      | HTY-S        | IT-ZIP             | P                  | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1  | HARA                  | TOR.                    | 1-4                         | 9                           | 168          | <u>83</u>              |                      |                    |
| TIT                                       |               |                                |  |                        |   | DELETE                      | 211                      | ITLE         |                    |                    |   |                       | ,                       |                             |                             | L            | ] Change               |                      | Addition           |
| NAI                                       | ME            |                                |  |                        |   |                             | 2.2 N                    | IAME         |                    | Į                  |   |                       |                         |                             |                             |              |                        |                      |                    |
| STF                                       | REET ADDRESS  |                                |  |                        |   |                             | 2.3 S                    | TREET        | ADDRESS            |                    |   |                       |                         | ,                           | -                           |              |                        |                      |                    |
| CIT                                       | Y-ST-ZIP      |                                |  |                        |   | 05,555                      |                          |              | ST-7IP             | <u> </u>           |   |                       |                         |                             |                             |              | 7 Channa               |                      | Addition           |
| TAT                                       | 1             |                                |  |                        | ι   | _] DELETE                   | 3.1 T                    |              |                    |                    |   |                       |                         |                             |                             |              | _] Change              | ᆫ                    | I MODIBOR          |
| NA  |               |                                |  |                        |   |                             | 3.2 M                    |              | ********           |                    |   |                       |                         |                             |                             |              |                        |                      |                    |
|   | REET ADORESS  |                                |  |                        |   |                             |                          |              | ADDRESS            |                    |   |                       |                         |                             |                             |              |                        |                      |                    |
| TIT                                       | Y-ST-ZIP      |                                |  |                        |   | DELETE                      | 4.1 7                    |              | ST - ZIP           | <del> </del>       |   |                       |                         |                             |                             |              | Change                 |                      | Addition           |
| NA  | 1             |                                |  |                        | •   |                             |                          | NAME         |                    |                    |   |                       |                         |                             |                             |              | _ •                    |                      |                    |
|   | REET ADDRESS  |                                |  |                        |   |                             |                          |              | ADDRESS            |                    |   |                       |                         |                             |                             |              |                        |                      |                    |
|   | Y-\$1-ZIP     |                                |  |                        |   |                             |                          |              | T-ZIP              |                    |   |                       |                         |                             |                             |              |                        |                      |                    |
| TIT                                       |               |                                | <del></del>  |                        |   | DELETE                      | 5.17                     |              |                    | 1                  |   |                       |                         |                             |                             |              | Change                 |                      | Addition           |
| NA  | ME            |                                |  |                        |   |                             | 5.2 1                    | IAME         |                    | 1                  |   |                       |                         |                             |                             |              |                        |                      |                    |
| STI                                       | REET ADDRESS  |                                |  |                        |   |                             | 5.3 9                    | TREET        | ADDRESS            | 1                  |   |                       |                         |                             |                             |              |                        |                      |                    |
| cn  | Y-ST-ZIP      |                                |  |                        |   |                             | 5.4 (                    | HTY-S        | T-ZIP              | <u> </u>           |   |                       |                         |                             |                             |              |                        |                      |                    |
| TIT                                       | LE            |                                |  |                        | . [                                       | DELETE                      | 6.11                     | ITLE         |                    |                    |   |                       |                         |                             |                             | L            | Change                 | L                    | ) Addition         |
| NA  | ME            |                                |  |                        |   |                             |                          | IAME         |                    |                    |   |                       |                         |                             |                             |              |                        |                      |                    |
| STI                                       | REET ADDRESS  |                                |  |                        |   |                             |                          |              | ADDRESS            |                    |   |                       |                         |                             |                             |              |                        |                      |                    |
| ÇIT                                       | Y-ST-ZIP      |                                |  | <b>36</b> 0            | in Kiliman Hara                           | net erreitt.                | 6.40                     | ITY-S        | T-ZIP              | lod in C           | Postion 44  | 0.07/21/3             | \ Elocida               | Statuta                     | o   f. ieth                 | har carli    | fu that th             | a info               | rmation            |
| 14  | la dia ata de | on this arm                    | e information supplie<br>ual report or supplem     | ontal co.              | and rapart is                             | true and or                 | Curala ar                | าศาก         | of my cir          | COLDINATE STATE    | a enali nal   | ID IDA SE             | ime iens                | i eneci a                   | as II ma                    | ne mnne      | 37 C)28183° TE         | าลเห                 | m Hi               |
|   | officer or d  | lirector of th                 | ne corporation or the lift changed, or on an a     | receiver               | or trustee or                             | npowered to                 | execute                  | Inis         | report as          | s requi            | irea by Ch  | iapter 60             | J7, FIORO               | ia diaiule                  | es; and                     | mat my       | name a                 | ppear                | 5 III              |

4/20/88