SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Aug 03, 1999 8:00 am
Secretary of State
08-03-1999 90001 016 ***550.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000015501**

1. Corporation Name
COS FREQUENCY PRODUCTS, INC.

Principal Place of Business	Mailing Address
200 E. ROBINSON ST..STE.1250 ORLANDO FL 32801	200 E. ROBINSON ST..STE.1250 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1998

2. Principal Place of Business	2a. Mailing Address
21 751 FLEET FINANCIAL	26 751 FLEET FINANCIAL
Suite, Apt. #, etc. 22 113	Suite, Apt. #, etc. 27 113
City & State 23 LONGWOOD	City & State 28 LONGWOOD
Zip / Country 24 32750 / 25 SEMINOLE	Zip / Country 29 32750 / 30 SEMINOLE

4. FEI Number: 59-3518608 ☐ 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 owes the current year Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DVORES, HARRIS N ESQUIRE
200 E. ROBINSON ST.
STE. 1250
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: BRUCE WRIGHT
82 Street Address (P.O. Box Number is Not Acceptable): 751 FLEET FINANCIAL
83: #113
84 City: LONGWOOD FL 85 Zip Code: 32750

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: BRUCE WRIGHT — JULY 26 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	WRIGHT, BRUCE		1.2 NAME		
STREET ADDRESS	3045 BARNWOOD CROSSING		1.3 STREET ADDRESS	2321 COOLBROOKE CT.	
CITY-ST-ZIP	DULUTH GA 30097		1.4 CITY-ST-ZIP	OVIEDO FL 32766	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PAYNE, THOMAS		2.2 NAME		
STREET ADDRESS	340 S. KIMBERLY CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CEDAR CITY UT 84720		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DAHART, ROGER		3.2 NAME		
STREET ADDRESS	1377 CAMINO ROBLES WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	SAN JOSE CA 95120		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KLUSMEIER, WAYNE		4.2 NAME		
STREET ADDRESS	1A SPRINGLEAF AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	SINAGAPORE REPUBLIC OF SINSA 78841-9		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (5/99)

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 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: BRUCE WRIGHT SIGNATURE REQUIRED — JULY 26 1999 — 407-977-2966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #