

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90052 013 ***150.00

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1. Entity Name
MICROWAVE ELECTRONICS OF SOUTH FLORIDA, INC.



Principal Place of Business

7380 BURGESS DRIVE
LAKE WORTH, FL 33467

Mailing Address

7380 BURGESS DRIVE
LAKE WORTH, FL 33467

Microwave Electronics of So. Fl.
6314 Dornich Lane
Lake Worth, FL 33463

Microwave Electronics of So. Fl.
6314 Dornich Lane
Lake Worth, FL 33463



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0861222

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KULICK, MITCHELL
7380 BURGESS DRIVE
LAKE WORTH, FL 33467

Mitchell Kulick
6314 Dornich Lane
Lake Worth, FL 33463

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST KULICK, MITCHELL 7380 BURGESS DRIVE LAKE WORTH, FL 33467	Mitchell Kulick 6314 Dornich Lane Lake Worth, FL 33463
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**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/04

Date

561 432-8511

Daytime Phone #