FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 261255 (4)

1. Corporation Name
AIRAD SYSTEMS, INC.

Principal Place of Business	Mailing Address
520 SOUTH JEFFERSON P.O. BOX 12158 PENSACOLA FL 32590 US	520 SOUTH JEFFERSON P.O. BOX 12158 PENSACOLA FL 32590-2158 US

3. Date Incorporated or Qualified: 07/26/1962
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21 Suite, Apt. #, etc. — 22 City & State — 23 Zip — 24 Country — 25
2a. Mailing Address — 26 Suite, Apt. #, etc. — 27 City & State — 28 Zip — 29 Country — 30

4. FEI Number: 59-0977621 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GREENFIELD, JOHN
520 SOUTH JEFFERSON
PENSACOLA 32501

10. Name and Address of New Registered Agent

81 Name: GREENFIELD, JOHN (SAME)
82 Street Address (P.O. Box Number is Not Acceptable): 119 W. INTENDENCIA St.
83
84 City: PENSACOLA FL 85 Zip Code: 32501

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 _____ DATE
Signature, typed or printed name of Registered Agent and Title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS	☑ DELETE	1.1 TITLE	P	☑ Change ☐ Addition
NAME	GOLDENBERG,SAM		1.2 NAME	GREENFIELD, JOHN	
STREET ADDRESS	520 S JEFFERSON STREET		1.3 STREET ADDRESS	119 W. INTENDENCIA St	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	VT	☑ DELETE	2.1 TITLE	V	☑ Change ☐ Addition
NAME	GREENFIELD, JOHN		2.2 NAME	EMLING, CHUCK	
STREET ADDRESS	520 S JEFFERSON STREET		2.3 STREET ADDRESS	119 W. INTENDENCIA St.	
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	PENSACOLA, FL	
TITLE		☐ DELETE	3.1 TITLE	T	☑ Change ☐ Addition
NAME			3.2 NAME	NEW, NED	
STREET ADDRESS			3.3 STREET ADDRESS	119 W. INTENDENCIA ST.	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	PENSACOLA, FL	
TITLE		☐ DELETE	4.1 TITLE	S	☑ Change ☐ Addition
NAME			4.2 NAME	JESMONTH, Richard	
STREET ADDRESS			4.3 STREET ADDRESS	119 W. INTENDENCIA St.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	PENSACOLA, FL	
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 (9/96)

14. I do 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: [signature] 4/25/97