FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Apr 29 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 # 610174 (5)

1. Corporation Name
AVTRONIX, INC.

Principal Place of Business	Mailing Address
1401 NE TENTH ST POMPANO BEACH FL 33060-6517	1401 NE TENTH ST POMPANO BEACH FL 33060-6517

3. Date Incorporated or Qualified: 02/16/1979
3a. Date of Last Report: 02/27/1996

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

4. FEI Number: 59-1884646 ☐ 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

SEGGERMAN, PATRICK F
5114 NW 42ND TERRACE
COCONUT CREEK FL 33073

10. Name and Address of New Registered Agent

81 Name: Alicandro, Mark B.
82 Street Address (P.O. Box Number is Not Acceptable): 2811 N.E. 21st Ave.
83
84 City: Lighthouse Point **FL** 85 Zip Code: 33064

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: Mark B. Alicandro CPV, STD, M — MARK B. ALICANDRO — April 17, 1997
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	CPV	☒ DELETE	1.1 TITLE	CPV	☒ Change ☐ Addition
NAME	SEGGERMAN, PATRICK F		1.2 NAME	Alicandro, Mark B.	
STREET ADDRESS	5114 N.W. 42ND. TERR.		1.3 STREET ADDRESS	2811 N.E. 21st Ave.	
CITY-ST-ZIP	COCONUT CREEK FL		1.4 CITY-ST-ZIP	Lighthouse Point, Fl. 33064	
TITLE	STD	☒ DELETE	2.1 TITLE	STD	☒ Change ☐ Addition
NAME	SEGGERMAN, PATRICK F		2.2 NAME	Alicandro, Mark B.	
STREET ADDRESS	5114 N.W. 42ND TERR.		2.3 STREET ADDRESS	2811 N.E. 21st AVe.	
CITY-ST-ZIP	COCONUT CREEK FL		2.4 CITY-ST-ZIP	Lighthouse Point, Fl. 33064	
TITLE	M	☒ DELETE	3.1 TITLE	M	☒ Change ☐ Addition
NAME	SEGGERMAN, PATRICK F		3.2 NAME	Alicandro, Mark B.	
STREET ADDRESS	5114 N.W. 42ND TERR.		3.3 STREET ADDRESS	2811 N.E. 21st Ave.	
CITY-ST-ZIP	COCONUT CREEK FL		3.4 CITY-ST-ZIP	Lighthouse Point, Fl. 33064	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			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 (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: Mark B. Alicandro CPV, STD, M — Mark B. Alicandro — March 26, 1997 — (954)785-2380