FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F58380** **(9)**

1. Corporation Name

O.C.E.M. AVIONICS CORPORATION

Principal Place of Business	Mailing Address
507-C NW 60 ST GAINESVILLE FL 23607	507-C NW 60 ST GAINESVILLE FL 23607

3. Date Incorporated or Qualified: 12/15/1981

3a. Date of Last Report: 04/26/1995

4. FEI Number: 59-2255802 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 1108 NW 36 DRIVE	26 SAME
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Gainesville FL	28 City & State
24 Zip: 32605 25 Country: ALACHUA	29 Zip 30 Country

9. Name and Address of Current Registered Agent

KESSLER, WILLIAM J
507-C NW 60 ST
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name: JUDITH YESHA BRILL
82 Street Address (P.O. Box Number is Not Acceptable): 1108 NW 36 DRIVE
83
84 City: Gainesville FL 85 Zip Code: 32605

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: Judith Yesha Brill (Signature of Registered Agent, if changed) (Typed or Printed Name of Registered Agent) DATE: 4/15/96

12. OFFICERS AND DIRECTORS		
TITLE	P	☒ DELETE
NAME	KESSLER, WILLIAM J	
STREET ADDRESS	507-C NW 60 ST	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	TS	☐ DELETE
NAME	BASILE, GIUSEPPE	
STREET ADDRESS	1108 NW 36TH DRIVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PRESIDENT	☐ Change ☐ Addition
1.2 NAME	JUDITH YESHA BRILL	
1.3 STREET ADDRESS	1108 NW 36 DRIVE	
1.4 CITY-ST-ZIP	Gainesville, FL. 32605	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Giuseppe Basile 4/15/96 (352)-373-2739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)