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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000000138 (4)**

1. Corporation Name

BECKER AVIONICS, INC.

Principal Place of Business

**ONE BOCA PLACE, SUITE 411-E
2255 GLADES RD.
BOCA RATON FL 33431-7383**

Mailing Address

**ONE BOCA PLACE, SUITE 411-E
2255 GLADES RD.
BOCA RATON FL 33431-7383**

2. Principal Place of Business

21 10830 NW 27th Street

Suite, Apt. #, etc.

22

City & State

23 Miami, FL 33172

Zip

24 33172

Country

25 USA

2a. Mailing Address

26 10830 NW 27th Street

Suite, Apt. #, etc.

27

City & State

28 Miami, FL 33172

Zip

29 33172

Country

30 USA

3. Date Incorporated or Qualified

01/08/1997

4. FEI Number

22-2103755

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**KRAMER, WILLIAM S ESO
ONE BOCA PLACE, SUITE 411-E
2255 GLADES RD.
BOCA RATON FL 33431-7383**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **CARR, J E JR**
STREET ADDRESS **912 AIRPORT RD.**
CITY-ST-ZIP **ROANOKE TX 76202**

TITLE **SD** ☒ DELETE

NAME **DIETMULLER, WERNER**
STREET ADDRESS **ONE BOCA PLACE, #411-E, 2255 GLADES RD.**
CITY-ST-ZIP **BOCA RATON FL 33431-7383**

TITLE **DC** ☐ DELETE

NAME **BECKER, ROLAND**
STREET ADDRESS **ONE BOCA PLACE, #411-E, 2255 GLADES RD.**
CITY-ST-ZIP **BOCA RATON FL 33431-7383**

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 ☐ Change ☐ Addition

1.2 NAME **700002376277--9**

1.3 STREET ADDRESS **-12/18/97--01034--001**

1.4 CITY-ST-ZIP *******96.25 *****96.25**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **700002376277--9**

2.3 STREET ADDRESS **-01/21/98--01116--001**

2.4 CITY-ST-ZIP *******53.75 *****53.75**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS **10830 NW 27th Street**

3.4 CITY-ST-ZIP **Miami, FL 33172**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **P,T,S, D**

4.3 STREET ADDRESS **Garrido, Manuel**

4.4 CITY-ST-ZIP **10830 NW 27th Street**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME **Miami, FL 33172**

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 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: X *Werner Dietmuller*

X 1/12/98 305-597-0069

CR2E034 (10/97)