

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90069 002 \*\*\*155.00

DOCUMENT # P93000039755

1. Corporation Name AVTEC, II, INC.



Principal Place of Business: 365 GOLDEN KNIGHTS BLVD TITUSVILLE FL 32780 US  
Mailing Address: P O BOX 2563 TITUSVILLE FL 32781-563 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1993  
4. FEI Number: 59-3198158  
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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business: 3691 Royal Oak Rd Titusville  
2a. Mailing Address: 26 Suite, Apt. #, etc.  
27 City & State: Titusville  
28 Zip: 32780 Country: BREVARD  
29 Zip: 30 Country:

9. Name and Address of Current Registered Agent: WASILESKI, CARL 507 PALM AVE TITUSVILLE FL 32796

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

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	DVP	<input type="checkbox"/> DELETE
NAME	CORTER KIMBERLY	
STREET ADDRESS	3691 ROYAL OAK DR	
CITY-ST-ZIP	TITUSVILLE FL 32781	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	MERRITT, HARRY	
STREET ADDRESS	3691 ROYAL OAK DR	
CITY-ST-ZIP	TITUSVILLE FL 32781	
TITLE	DVPT	<input type="checkbox"/> DELETE
NAME	MERRITT, HARRY JR.	
STREET ADDRESS	3691 ROYAL OAK DR	
CITY-ST-ZIP	TITUSVILLE FL 32781	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: [Signature] DATE: 01/06/99 DAYTIME PHONE #: 407-267-3141

CR2E034 (11/98)