

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 25 AM 9:00

DOCUMENT # P15355 (1)

1. Corporation Name

BE AEROSPACE, INC.

Principal Place of Business

1300 CORPORATE CENTER WAY
SUITE 202
WELLINGTON FL 33414

Mailing Address

1300 CORPORATE CENTER WAY
SUITE 202
WELLINGTON FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1987

3a. Date of Last Report

01/21/1994

4. FEI Number

06-1209796

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 1400 Corporate Center Way

26 1400 Corporate Center Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Wellington, Florida

28 Wellington, Florida

ZIP

Country

ZIP

Country

24 33414

25

29 33414

30

2. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 of registration)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC
NAME KHOURY, AMIN J.
STREET ADDRESS 11332 LONGMEADOW DRIVE
CITY ST ZIP WEST PALM BEACH FL

TITLE DP
NAME KHOURY, ROBERT.
STREET ADDRESS 889 CUTLER ROAD
CITY ST ZIP LONGWOOD FL

TITLE D
NAME COWART, JIM C.
STREET ADDRESS 28681 ABANTES PLACE
CITY ST ZIP LAGUNA NIQUEL CA

TITLE D
NAME MARSHALL, PAUL W.
STREET ADDRESS 6 CHANDLER ST.
CITY ST ZIP LEXINGTON MA

TITLE D
NAME HAMMERMESH, RICHARD G.
STREET ADDRESS 33 WOODLAND STREET.
CITY ST ZIP AUBURNDALE MA

TITLE D
NAME O'DONNELL, JOSEPH J.
STREET ADDRESS 15 CLAIRMONT ROAD.
CITY ST ZIP BELMONT MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☒ Addition

1.2 NAME

Thomas P. McCaffrey

1.3 STREET ADDRESS

1400 Corporate Center Way

1.4 CITY - ST - ZIP

Wellington, Florida 33414

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 110.07(3)(d), 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, prior to my appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS P. MCCAFFREY 2/23/95 (407) 791-5000

RECEIVED MAY 25 1995