

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P15355

(1)

1. Corporation Name  
BE AEROSPACE, INC.

FILED  
Apr 29 1997 8:00am  
Secretary of State



Principal Place of Business  
1400 CORPORATE CENTER WYA  
SUITE 802  
WELLINGTON FL 33414  
US

Mailing Address  
1400 CORPORATE CENTER WAY  
SUITE 202  
WELLINGTON FL 33414-2105  
US

3. Date Incorporated or Qualified 07/27/1987	3a. Date of Last Report 04/22/1996
4. FEI Number 06-1209796	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 1400 Corporate Center

Suite, Apt. #, etc.

22 City & State

23 Wellington FL

24 Zip

33414

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

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

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 NAME ☐ DELETE

C  
KHOURY, AMIN J.  
11332 LONGMEADOW DRIVE  
WELLINGTON FL

TITLE NAME ☐ DELETE

VC  
KHOURY, ROBERT J  
889 CUTLER ROAD  
LONGWOOD FL

TITLE NAME ☐ DELETE

DPC  
FULCHINO, PAUL E  
11831 PEBBLEWOOD DRIVE  
WELLINGTON FL

TITLE NAME ☐ DELETE

VPCF  
MCCAFFREY, THOMAS P.  
2128 HENLEY PLACE  
WELLINGTON FL

TITLE NAME ☐ DELETE

VPSC  
MORIARTY, EDMUND J  
1113 MYSTIC WAY  
WELLINGTON FL

TITLE NAME ☐ DELETE

TR  
HOLTZMAN, JEFFREY P.  
15290 MEADOW WOOD ROAD  
WELLINGTON FL 33414

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME VC/CEO

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME D/P/COO

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME VP/CFO

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME VP/S

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME VP/T

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 appointed 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.

RECEIVED APR 17 1997

CR2E034 (9/96)