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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 255680 (1)

1. Corporation Name
SYMETRICS INDUSTRIES, INC.



Principal Place of Business

Mailing Address

557 N HARBOR CITY BLV
MELBOURNE FL 32935

557 N HARBOR CITY BLV
MELBOURNE FL 32935-6860

3. Date Incorporated or Qualified
02/05/1962

3a. Date of Last Report
02/15/1996

2. Principal Place of Business

2a. Mailing Address

21 1615 W. NASA BLVD.

26 1615 W. NASA BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Melbourne, FL

28 Melbourne, FL

Zip

Zip

24 32901

25 Broward

29 32901

30 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARNER, DUDLEY E., JR.
557 N HARBOR CITY BLVD
MELBOURNE FL 32935

1615 W. NASA BLVD.

Melbourne, FL 32901

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCT
NAME GARNER, DUDLEY E.
STREET ADDRESS 557 N HARBOR CITY BLVD
CITY-ST-ZIP MELBOURNE, FL 32935
1361 Meadowbrook Rd
Palm Bay, FL 32909
TITLE DS
NAME BEACH, JANE J.
STREET ADDRESS 557 N HARBOR CITY BLVD Apt 179
CITY-ST-ZIP MELBOURNE, FL 00000 Palm Harbor, FL 34684
TITLE D
NAME CLAIRE, Earl S.
STREET ADDRESS 501 GREENE STREET, SUITE 400
CITY-ST-ZIP AUGUSTA GA 30903
TITLE V
NAME SINCLAIR, JERRY L.
STREET ADDRESS 557 N HARBOR CITY BOULEVARD
CITY-ST-ZIP MELBOURNE FL Indalantia, FL 32903
TITLE V
NAME SZPENDYK, ANTON
STREET ADDRESS 557 N HARBOR CITY BOULEVARD
CITY-ST-ZIP MELBOURNE FL Satellite Bch, FL 32917
TITLE D
NAME Terry, Michael E.
STREET ADDRESS 410 W. Strawbridge Ave.
CITY-ST-ZIP Melbourne, FL 32901

1.1 TITLE V
1.2 NAME Nichols, Richard
1.3 STREET ADDRESS 4400 Dairy Road
1.4 CITY-ST-ZIP Melbourne, FL 32904
2.1 TITLE V
2.2 NAME Matusz, William
2.3 STREET ADDRESS 957 Winkler Circle NE
2.4 CITY-ST-ZIP Palm Bay, FL 32905
3.1 TITLE V
3.2 NAME GARNER, D. Mitchell
3.3 STREET ADDRESS 773 SEYMOUR ROAD NE
3.4 CITY-ST-ZIP Palm Bay, FL 32905
4.1 TITLE V
4.2 NAME Lyons, Robert
4.3 STREET ADDRESS 6417 Wellington Drive
4.4 CITY-ST-ZIP Orlando, FL 32819
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0103364

CR2E034 (9/96)

Blk Dep # 116500

March 11, 1997 407-254-1500