FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **304682** **(8)**

1. Corporation Name

ASTRO ENTERPRISES, INC

Principal Place of Business	Mailing Address
1150 W KING ST COCOA FL 32922	1150 W KING ST COCOA FL 32922

3. Date Incorporated or Qualified: **05/03/1966**
3a. Date of Last Report: **06/28/1995**
4. FEI Number: **59-1143869** ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City, State 23	City, State 28
Zip 24 / County 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KASSIS, RAYMOND A.
1150 W KING ST
COCOA FL 32922

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 Section(s) 607.0505 and 607.1505, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	FOX, NONIE L.		1.2 NAME	JOSEPHINE A. HIAN	
STREET ADDRESS	745 WHITE PINE AVENUE		1.3 STREET ADDRESS	511 8TH AVE	
CITY-ST-ZIP	ROCKLEDGE FL		1.4 CITY-ST-ZIP	BROOKLYN NY 11215	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	AZRAK, AGNES		2.2 NAME		
STREET ADDRESS	135 WINDSOR PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKLYN NY		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KASSIS, RAYMOND A		3.2 NAME		
STREET ADDRESS	78 COUNTRY CLUB RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BCH, FL 00000		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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: Raymond A. Kassis 3/29/96 407-632-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RAYMOND A. KASSIS