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

DOCUMENT # 304682

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 Inco 05/03/
2. Principal Place of Business	2a. Mailing Address	4. FEI Num
21	26	59-114
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate
City & State	City & State	6. Election
23	28	Trust Fu
Zip Country	Zip 3	Country 8. This corp

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90044 017 ***150.00



			•			·					
Principal Plac	e of Business	Ma	iling Address				(198108 (1)11 8011 81	1912 01101 19116 1101	. 6.6() 616-11 61611		
1150 W KING ST						DO NOT WRITE IN THIS SPACE					
							3. Date Incorporated or				
	• .						05/03/1966				
2. Principal P	Place of Business	2a.	Mailing Address				4. FEI Number			Appli	ied For
21		26					59-1143869				Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certifcate of Status D	esired			lditional :
22		27					01 00 11 11 11 11 11 11 11 11 11 11 11 1			Requ	
City & Stat	te ,	<u> </u>	City & State				6. Election Campaign F	- 1	v	QO м led to	lay Be
23	0-1-1-1	28	7in		untry		Trust Fund Contributi	*****		ea to	rees
Zip	Country	29	Zip	30	шпау		This corporation owe Personal Property Ta		ear intangible		JNo
24]	9. Name and Address of Curren		tered Agent	<u> </u>	Τ		10. Name and Address				
- · · · · · · · · · · · · · · · · · · ·					81	Name	- 111		**		
	SIS, RAYMOND A.				82	Street Add	ress (P.O. Box Number is No	nt Acceptable)			
	OWKING ST				62	Sileet Audi	ress (F.O. Dox regimber is rec	Acceptable)		·	en begre begr
. CO(COA FL 32922		•		83		1970年			81	
			•		84	City	1.0 A 18 (1.0 A 484).3 1.0 A 1.0 A 484.3	13.18 (19.58 13.55 16.5 1. 1. 14. 1. 16.5 16.9	85	Zip Co	ode 34 1834
	to the provisions of Sections 607.050					•			FL	·	· ·
agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	or Florid itions of,	Section 607.0505, Flo	orida Sta	itutes.	ne corporati	ons board of directors. Friend	aby accept and	иррошино-н о	.	-13.34
SIGNATURE	Signature, typed or printed name of registered age	nt and title if	applicable. (NOTI	E: Registere	ed Agent s	signature require	ed when reinstating).	D/	ATE		
12.	Signature, typed or printed name of registered ages		11	E: Registere		signature require	ed when reinstating). ADDITIONS/CHANGE		RS AND DIRE		
	Signature, typed or printed name of registered age		11	13		signature require					S IN 12
12.	Signature, typed or printed name of registered age: OFFICERS AN		CTORS	1.1 1 1.2 t	TITLE		ADDITIONS/CHANGE		RS AND DIRE		
12.	Signature, typed or printed name of registered age: OFFICERS AN D FOX, NONIE L.		CTORS	1.1 1 1.2 t	TITLE	signature require	ADDITIONS/CHANGE		RS AND DIRE		
12. TITLE NAME	Signature, typed or printed name of registered age: OFFICERS AN D FOX, NONIE L.		CTORS DELETE	13 1.11 1.21 1.38 1.40	TITLE NAME STREET A	ADDRESS	ADDITIONS/CHANGE		RS AND DIRE ☐ Chai	nge	Addition
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age: OFFICERS AN D FOX, NONIE L. 745 WHITE PINE AVENUE		CTORS	13 1.11 1.21 1.33 1.46 2.11	TITLE NAME STREET A CITY-ST-	ADDRESS	ADDITIONS/CHANGE		RS AND DIRE	nge	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age: OFFICERS AN D FOX, NONIE L. 745 WHITE PINE AVENUE ROCKLEDGE FL D AZRAK, AGNES		CTORS DELETE	13 1.11 1.28 1.38 1.46 2.11 2.21	TITLE NAME STREET A CITY-ST- TITLE NAME	ADDRESS -ZIP	ADDITIONS/CHANGE		RS AND DIRE ☐ Chai	nge	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age: OFFICERS AN D FOX, NONIE L. 745 WHITE PINE AVENUE ROCKLEDGE FL D AZRAK, AGNES 135 WINDSOR PLACE		CTORS DELETE	13 1.11 1.26 1.33 1.46 2.11 2.21 2.33	TITLE NAME STREET A CITY-ST- TITLE NAME STREET A	ADDRESS - ZIP	ADDITIONS/CHANGE		RS AND DIRE ☐ Chai	nge	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age: OFFICERS AN D FOX, NONIE L. 745 WHITE PINE AVENUE ROCKLEDGE FL D AZRAK, AGNES 135 WINDSOR PLACE BROOKLYN NY		CTORS DELETE DELETE	13 1.11 1.21 1.38 1.46 2.11 2.21 2.38 2.4	TITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST-	ADDRESS - ZIP	ADDITIONS/CHANGE		RS AND DIRE ☐ Chai	nge nge	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age: OFFICERS AN D FOX, NONIE L. 745 WHITE PINE AVENUE ROCKLEDGE FL D AZRAK, AGNES 135 WINDSOR PLACE BROOKLYN NY		CTORS DELETE	13 1.11 1.20 1.33 1.40 2.11 2.21 2.33 2.4 3.1	NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST-	ADDRESS - ZIP	ADDITIONS/CHANGE		RS AND DIRE	nge nge	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered age OFFICERS AN D FOX, NONIE L. 745 WHITE PINE AVENUE ROCKLEDGE FL D AZRAK, AGNES 135 WINDSOR PLACE BROOKLYN NY PD KASSIS, RAYMOND A		CTORS DELETE DELETE	13 1.11 1.21 1.33 1.44 2.11 2.21 2.33 2.4 3.11 3.21	ITITLE NAME STREET A CITY-SI- TITLE NAME STREET A CITY-SI- TITLE	ADDRESS -ZIP ADDRESS -ZIP	ADDITIONS/CHANGE		RS AND DIRE	nge nge	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN D FOX, NONIE L. 745 WHITE PINE AVENUE ROCKLEDGE FL D AZRAK, AGNES 135 WINDSOR PLACE BROOKLYN NY PD KASSIS, RAYMOND A 78 COUNTRY CLUB RD		CTORS DELETE DELETE	133 1.11 1.21 1.35 1.40 2.11 2.21 2.33 2.4 3.11 3.21 3.33	TITLE NAME STREET A CITY-SI- TITLE NAME STREET A CITY-SI- TITLE NAME STREET A STREET A	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	ADDITIONS/CHANGE		RS AND DIRE	nge nge	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	OFFICERS AN D FOX, NONIE L. 745 WHITE PINE AVENUE ROCKLEDGE FL D AZRAK, AGNES 135 WINDSOR PLACE BROOKLYN NY ROCKLEDGE FL PD KASSIS, RAYMOND A 78 COUNTRY CLUB RD COCOA BCH, FL 00000		CTORS DELETE DELETE	133 1.11 1.24 1.35 1.40 2.11 2.21 2.35 2.4 3.11 3.32 3.34	NAME STREET A CITY-SI- TITLE NAME STREET A CITY-SI- TITLE NAME STREET A CITY-SI- CITY-SI- CITY-SI- CITY-SI- CITY-SI- CITY-SI-	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	ADDITIONS/CHANGE		RS AND DIRE	nge	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	OFFICERS AN D FOX, NONIE L. 745 WHITE PINE AVENUE ROCKLEDGE FL D AZRAK, AGNES 135 WINDSOR PLACE BROOKLYN NY ROCKLEDGE FL PD KASSIS, RAYMOND A 78 COUNTRY CLUB RD COCOA BCH, FL 000000 D		CTORS DELETE DELETE	133 1.11 1.21 1.33 1.44 2.11 2.21 2.33 2.4 3.1 3.21 3.33 3.4.	NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST- TITLE	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	ADDITIONS/CHANGE	S TO OFFICE	RS AND DIRE	nge	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	OFFICERS AN D FOX, NONIE L. 745 WHITE PINE AVENUE ROCKLEDGE FL D AZRAK, AGNES 135 WINDSOR PLACE BROOKLYN NY PD KASSIS, RAYMOND A 78 COUNTRY CLUB RD COCOA BCH, FL 00000 D LIAN, JOSEPHINE	ID DIRE	CTORS DELETE DELETE	133 1.11 1.21 1.33 1.44 2.11 2.21 2.33 2.4 3.1 3.21 3.33 3.4. 4.1	NAME STREET A CITY-SI- TITLE NAME STREET A CITY-SI- TITLE NAME STREET A CITY-SI- TITLE NAME STREET A CITY-SI-	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	ADDITIONS/CHANGE	S TO OFFICE	RS AND DIRE	nge	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AN D FOX, NONIE L. 745 WHITE PINE AVENUE ROCKLEDGE FL D AZRAK, AGNES 135 WINDSOR PLACE BROOKLYN NY PD KASSIS, RAYMOND A 78 COUNTRY CLUB RD COCOA BCH, FL 00000 D LIAN, JOSEPHINE 511 8TH AVENUE		CTORS DELETE DELETE	133 1.11 1.21 1.33 1.44 2.11 2.21 2.33 2.4 3.1 3.21 3.34 4.1 4.2 4.33	NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST- TITLE NAME STREET A STREET A STREET A STREET A STREET A	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	ADDITIONS/CHANGE	S TO OFFICE	RS AND DIRE	nge	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CITY-ST-ZIP	OFFICERS AN D FOX, NONIE L. 745 WHITE PINE AVENUE ROCKLEDGE FL D AZRAK, AGNES 135 WINDSOR PLACE BROOKLYN NY PD KASSIS, RAYMOND A 78 COUNTRY CLUB RD COCOA BCH, FL 00000 D LIAN, JOSEPHINE	ID DIRE	CTORS DELETE DELETE	133 1.11 1.21 1.33 1.40 2.11 2.21 2.33 2.4 3.1 3.21 3.33 3.4. 4.1 4.2 4.33	NAME STREET A CITY-SI- TITLE NAME STREET A CITY-SI- TITLE NAME STREET A CITY-SI- TITLE NAME STREET A CITY-SI-	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	ADDITIONS/CHANGE	S TO OFFICE	RS AND DIRE	nge	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN D FOX, NONIE L. 745 WHITE PINE AVENUE ROCKLEDGE FL D AZRAK, AGNES 135 WINDSOR PLACE BROOKLYN NY PD KASSIS, RAYMOND A 78 COUNTRY CLUB RD COCOA BCH, FL 00000 D LIAN, JOSEPHINE 511 8TH AVENUE	ID DIRE	DELETE DELETE	133 1.11 1.21 1.33 1.40 2.11 2.21 2.33 2.4 3.1 3.33 3.4 4.1 4.2 4.33 - 4.41 5.1	INTITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST- CITY-ST- CITY-ST- CITY-ST-	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	ADDITIONS/CHANGE	S TO OFFICE	Chai	nge	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	D FOX, NONIE L. 745 WHITE PINE AVENUE ROCKLEDGE FL D AZRAK, AGNES 135 WINDSOR PLACE BROOKLYN NY PD KASSIS, RAYMOND A 78 COUNTRY CLUB RD COCOA BCH, FL 00000 D LIAN, JOSEPHINE 511 8TH AVENUE BROOKLYN NY	ID DIRE	DELETE DELETE	133 1.11 1.21 1.33 1.40 2.11 2.21 2.33 2.4 3.1 3.21 3.33 3.4. 4.1 4.2 4.33 4.41 5.1 5.21	INTITLE NAME STREET A NAME NAME CITY-ST. TITLE NAME STREET A CITY-ST. TITLE NAME STREET A CITY-ST. TITLE NAME	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	ADDITIONS/CHANGE	S TO OFFICE	Chai	nge	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D FOX, NONIE L. 745 WHITE PINE AVENUE ROCKLEDGE FL D AZRAK, AGNES 135 WINDSOR PLACE BROOKLYN NY PD KASSIS, RAYMOND A 78 COUNTRY CLUB RD COCOA BCH, FL 00000 D LIAN, JOSEPHINE 511 8TH AVENUE BROOKLYN NY	ID DIRE	DELETE DELETE	133 1.11 1.21 1.33 1.46 2.11 2.21 2.33 2.4 3.1 3.21 3.34 4.1 4.2 4.33 4.41 5.1 5.21 5.33	INTITLE NAME STREET A NAME NAME CITY-ST. TITLE NAME STREET A CITY-ST. TITLE NAME STREET A CITY-ST. TITLE NAME	ADDRESS ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ADDITIONS/CHANGE	S TO OFFICE	Chai	nge	Addition Addition Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	OFFICERS AN D FOX, NONIE L. 745 WHITE PINE AVENUE ROCKLEDGE FL D AZRAK, AGNES 135 WINDSOR PLACE BROOKLYN NY COCOA BCH, FL 00000 D LIAN, JOSEPHINE 511 8TH AVENUE BROOKLYN NY	ID DIRE	DELETE DELETE	133 1.11 1.21 1.33 1.40 2.11 2.21 2.33 2.4 3.1 3.21 3.34 4.1 4.2 4.3; 4.4 5.1 5.2 5.2 5.3 5.4	INTITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST- TITLE NAME STREET A NAME STREET A NAME STREET A STREET A	ADDRESS ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ADDITIONS/CHANGE	S TO OFFICE	Chai	nge sti	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN D FOX, NONIE L. 745 WHITE PINE AVENUE ROCKLEDGE FL D AZRAK, AGNES 135 WINDSOR PLACE BROOKLYN NY PD KASSIS, RAYMOND A 78 COUNTRY CLUB RD COCOA BCH, FL 00000 D LIAN, JOSEPHINE 511 8TH AVENUE BROOKLYN NY	ID DIRE	DELETE DELETE DELETE DELETE	133 1.11 1.26 1.33 1.40 2.11 2.21 2.33 2.4 3.11 3.21 3.34 4.11 4.2 4.33 4.41 5.11 5.21 5.33	INTITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST-	ADDRESS ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ADDITIONS/CHANGE	S TO OFFICE	Chai	nge sti	Addition Addition Addition Addition Addition

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 of 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 chapted, or on an attackment with an address, with all other like empowered.