

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90083 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 317806

1. Corporation Name

AVIONICS RESEARCH CORPORATION OF FLORIDA

Principal Place of Business

706 E COLONIAL DR
ORLANDO FL 32803

Mailing Address

706 E COLONIAL DR
ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/16/1967

4. FEI Number

11-2147769

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00** May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax.☐ Yes☐ No

9. Name and Address of Current Registered Agent

HALPERN, EDWARD
1911 MOCHICAN TRAIL
MAITLAND FL

10. Name and Address of New Registered Agent

81 Name

SIDONIA BECKEL

82 Street Address (P.O. Box Number is Not Acceptable)

606 SAN MARIE AVENUE

83

84 City

ALTAMONTE SPRINGS

FL

85 Zip Code

32714

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.

Sidonia Beckel

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature Required when reinstating)

3/29/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SICINSKI, JOSEPH G	
STREET ADDRESS	38 WOODHOLLOW RD	
CITY-ST-ZIP	GREAT RIVER NY	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HALPERN, EDWARD	
STREET ADDRESS	1911 MOHICAN TRAIL	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	REILLY, WILLIAM J	
STREET ADDRESS	19 RAYMOND DR	
CITY-ST-ZIP	PORSMOUTH RI	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PARRINELLO, PETER	
STREET ADDRESS	9 PAUL CT	
CITY-ST-ZIP	TAPPAN NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GLEN CHARLES	
1.3 STREET ADDRESS	1393 VETERANS MEMORIAL HIGHWAY STE 307	
1.4 CITY-ST-ZIP	HAUPPAUGE, NY 11788	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)