FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 11 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **696651** **(9)**

1. Corporation Name
ASTRO INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
% PETER A ROSE, ESQ. 2101 N. ANDREWS AVE., SUITE 200 FORT LAUDERDALE FL 33311	% PETER A ROSE, ESQ. 2101 N. ANDREWS AVE., SUITE 200 FORT LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/29/1981
3a. Date of Last Report: 04/27/1994

21	2. Principal Place of Business	26	2a. Mailing Address
	2139 N. UNIVERSITY DR		2139 N. UNIVERSITY DR
22	Suite, Apt. #, etc. SUITE 350	27	Suite, Apt. #, etc. SUITE 350
23	City & State CORAL SPRINGS FL	28	City & State CORAL SPRINGS FL
24	Zip 33071	25	Country USA
29	Zip 33071	30	Country USA

4. FEI Number: 59-2135787 ☐ 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

9. Name and Address of Current Registered Agent

ROSE, PETER A., ESQ.
2101 N. ANDREWS AVENUE
SUITE 200
FORT LAUDERDALE FL 33311

10. Name and Address of Now 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☒ Change ☐ Addition
NAME	DEHLINGER, B FIG	12 NAME	
STREET ADDRESS	2101 N ANDREWS AVE	13 STREET ADDRESS	2139 N. UNIVERSITY DR SUITE 350
CITY-ST-ZIP	FT LAUDERDALE FL	14 CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	PD	21 TITLE	☒ Change ☐ Addition
NAME	DEHLINGER, PETER J.	22 NAME	
STREET ADDRESS	2101 N.ANDREWS AVE. #200	23 STREET ADDRESS	2139 N. UNIVERSITY DR. SUITE 350
CITY-ST-ZIP	FT. LAUDERDALE FL	24 CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: _____ 4-15-95 (305) 537-9837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PETER J. DEHLINGER

0219572 OP