

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra W. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000000117 (1)**

1. Corporation Name

ASTRON FORWARDING COMPANY



Principal Place of Business

**1355 S. PATRICK DR.
SATELLITE BEACH FL 32937**

Mailing Address

**1355 S. PATRICK DR
SATELLITE BEACH FL 32937**

2. Principal Place of Business

21 **1632 N. COLUMBUS**

Suite, Apt. #, etc.

22 City & State

23 **TUCSON AZ**

24 **85712**

Country

2a. Mailing Address

26 **1632 N. COLUMBUS**

Suite, Apt. #, etc.

27 City & State

28 **TUCSON**

29 **85712**

Country

9. Name and Address of Current Registered Agent

**ANDERSON, J. PATRICK
930 S. HARBOR CITY BLVD., #505
MELBOURNE FL 32901**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

01/10/1994

3a. Date of Last Report

03/20/1995

4. FEI Number

94-3081485

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.002 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 607.004, Florida Statutes.

SIGNATURE

Signature of the corporation's registered agent

Signature of the corporation's registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	CPS	<input type="checkbox"/> DELETE
NAME	KRUMM, KENNETH L	
STREET ADDRESS	1355 S. PATRICK DR	
CITY - ST - ZIP	SATELLITE BEACH FL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	HOOD, R.C.B. L	
STREET ADDRESS	1355 S. PATRICK DR	
CITY - ST - ZIP	SATELLITE BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	PALMER, BRYAN L	
STREET ADDRESS	1355 S. PATRICK DR	
CITY - ST - ZIP	SATELLITE BEACH FL	
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. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	1632 N. COLUMBUS
4. CITY - ST - ZIP	TUCSON AZ 85712-3402
5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	1632 N. COLUMBUS
8. CITY - ST - ZIP	TUCSON AZ 85712-3402
9. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	1632 N. COLUMBUS
12. CITY - ST - ZIP	TUCSON AZ 85712-3402
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is accurate, furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 recorder 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 affidavit.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 25 96

520 881 4070

CR2E034 (12/95)