

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 16 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000005694 (2)**  
 1. Corporation Name  
**RACAL ELECTRONICS INC.**



Principal Place of Business <b>1601 N HARRISON PKWY SUNRISE FL 33323</b>	Mailing Address <b>1601 N HARRISON PKWY SUNRISE FL 33323-2899</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>11/01/1996</b>	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-1785140</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>FILES UNDER!</b>

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent <b>RACAL ELEC. INC.</b>	
81. Name	<b>SUBS 59-1785140</b>		
82. Street Address (P.O. Box Number is Not Acceptable)			
83. City			
84. City	<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DVT WOOD, ANDREW R</b>	1.2 NAME	
STREET ADDRESS	<b>GROVES BROOK, GOUGH RD, FLEET, HANTS</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GU13 8LJ ENGLAND</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D BLECKNER, EDWARD JR</b>	2.2 NAME	<b>PP BLECKNER, EDWARD JR</b>
STREET ADDRESS	<b>1841 SE 7TH ST</b>	2.3 STREET ADDRESS	<b>1641 SE 7TH ST</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33316</b>	2.4 CITY-ST-ZIP	<b>FT LAUDERDALE, FL 33316</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D KOZLOWSKI, PAUL G</b>	3.2 NAME	
STREET ADDRESS	<b>5100 N OCEAN BLVD #1009</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33308</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T BOWIE, DAVID A</b>	4.2 NAME	<b>AT BOWIE, DAVID A.</b>
STREET ADDRESS	<b>3478 SOUTHWOOD CT</b>	4.3 STREET ADDRESS	<b>3478 SOUTHWOOD CT</b>
CITY-ST-ZIP	<b>DAVE FL 33328</b>	4.4 CITY-ST-ZIP	<b>DAVE, FL 33328</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S CAMPOS, DELFINA R</b>	5.2 NAME	
STREET ADDRESS	<b>770 NW 29TH AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33125</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S CARPENTER, JOSEPH E JR</b>	6.2 NAME	<b>AS CARPENTER, JOSEPH E JR.</b>
STREET ADDRESS	<b>301 NW 131 AVE</b>	6.3 STREET ADDRESS	<b>301 NW 131 AVE</b>
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	6.4 CITY-ST-ZIP	<b>PLANTATION, FL 33324</b>

14. I do 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.

SIGNATURE: \_\_\_\_\_ **4/1/97 (954) 846-1601**

CR2E034 (9/96)