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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION O	r CORPOR	ATIONS			
1. Corporation	MENT # <b>H481</b> I: AVIONICS, INC.	148 (1)	)				
150 11	· AVIONIOS, INC.					IJAR I MIJI BIRYI BIRNI DI	ELI ELEK ELEK BUDA 1881
Principal Place	e of Business	Mailing Address					
5120 SEABOARD AVE. JACKSONVILLE FL 32210		5120 SEABOARD AVE. JACKSONVILLE FL 32210					
					3. Date Incorporated or Qualified 03/18/1985	3a. Date of La 04/2	st Report <b>6/1995</b>
2. Principal Pia 21	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			59-2506265		Not Applicable
City & State		27			5. Certificate of Status Desired		.75 Additional ee Required
Zip		City & State	· • · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing Trust Fund Contribution	□ \$! A	5.00 May Be dded to Fees
210	Country 25	Zip 29	30 Cour	ntry		No No	
	9. Name and Address of Curre	nt Hegistered Agent		81 Name	10. Name and Address of New F	Registered Agent	
WARN	er kenneth W.		ļ				
	SEABOARD AVE			82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)	
JACKS	ONVILLE FL 32210		ŀ	83			
			- [				
				04 (0)			
11 Dura out t	O No. and Signature of Co. 17			84 City		FL B5	Zip Code
11. Pursuant to or registere familiar with	o the provisions of Sections 607.050 ed agent, or both, in the State of Flo h, and accept the obligations of, Sec	2 and 607.1508, Florida Statut ida. Such change was authoriz tion 607.0505, Florida Statutes	es, the abov		oration submits this statement for the pur ard of directors. I hereby accept the appr	FL  _	
familiar witi SIGNATURE	h, and accept the obligations of, Sec	tion 607.0505, Florida Statutes	es, the aboved by the co	ve-named corpor orporation's boa	are or or ectors. Thereby accept the appr	rpose of changing ointment as registe	
familiar with	h, and accept the obligations of, Sec Signature speed or printed name of registered age	tion 607.0505, Florida Statutes	es, the aboved by the co		and or directors. Thereby accept the appoint	rpose of changing ointment as registe	its registered office ered agent. I am
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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.

\*\*RESIDENT\*\*

GNATURE: \*\*TOTALL U.\*\*

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

april 17,1996 904-779-9331