

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H48148** (1)
1. Corporation Name
K. W. AVIONICS, INC.

Principal Place of Business 5120 SEABOARD AVE. JACKSONVILLE FL 32210	Mailing Address 5120 SEABOARD AVE. JACKSONVILLE FL 32210-7947
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2. Principal Place of Business 21 4201 TROUT RIVER BLVD. Suite, Apt. #, etc. 22 _____		26. Mailing Address 26 4201 TROUT RIVER BLVD. Suite, Apt. #, etc. 27 _____		3. Date Incorporated or Qualified 03/18/1985	3a. Date of Last Report 04/19/1996
23 JACKSONVILLE, FL City & State 24 32208 Zip 25 U.S.A. Country		28 JACKSONVILLE, FL City & State 29 32208 Zip 30 U.S.A. Country		4. FET Number 59-2506265	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent WARNER KENNETH W. 5120 SEABOARD AVE JACKSONVILLE FL 32210		10. Name and Address of New Registered Agent 81 Name _____ 82 Street Address (P.O. Box Number is Not Acceptable) _____ 83 _____ 84 City _____ 85 Zip Code _____	
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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 _____
Signature, typed or printed name, of registered agent and title, if applicable (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARNER, KENNETH W.	1.2 NAME	
STREET ADDRESS	5120 SEABOARD AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARNER, JACQUELINE R.	2.2 NAME	
STREET ADDRESS	5120 SEABOARD AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 corporation's registered agent, and I am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of this report.

SIGNATURE: **KENNETH W. WARNER** **904-236-7365**
Date: **May 23 1997**

CR2E034 (9/96)