

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J21897 (0)**

1. Corporation Name  
**AEROSPACE INTERCONNECT SYSTEMS, INC.**



Principal Place of Business: **3636 S WASHINGTON AVE TITUSVILLE FL 32780 US**  
Mailing Address: **3636 S WASHINGTON AVE TITUSVILLE FL 32780 US**

2. Principal Place of Business: 21 Sub: Apt #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address: 26 Sub: Apt #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: **06/27/1986** 3a. Date of Last Report: **01/24/1995**

4. FEI Number: **59-2687249** 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  
**GRIFFIN, JOHN T.  
3636 S. WASHINGTON AVENUE  
TITUSVILLE FL 32780**

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 **FL**

11. Pursuant to the provisions of Sections 607.02(2) and 1107.15(6), 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 607.02(5), Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

12.1 TITLE	<b>D</b>	<input type="checkbox"/> DELETED
12.2 NAME	<b>GRIFFIN, JOHN T.</b>	
12.3 STREET ADDRESS	<b>939 OCEAN BLVD #3</b>	
12.4 CITY-STATE-ZIP	<b>HAMPTON NH</b>	
12.5 TITLE	<b>D</b>	<input type="checkbox"/> DELETED
12.6 NAME	<b>GRIFFIN, WARREN D.</b>	
12.7 STREET ADDRESS	<b>939 OCEAN BLVD, #3</b>	
12.8 CITY-STATE-ZIP	<b>HAMPTON NH</b>	
12.9 TITLE	<b>D</b>	<input type="checkbox"/> DELETED
12.10 NAME	<b>GRIFFIN, JOAN F.</b>	
12.11 STREET ADDRESS	<b>939 OCEAN BLVD, #3</b>	
12.12 CITY-STATE-ZIP	<b>HAMPTON NH</b>	
12.13 TITLE		<input type="checkbox"/> DELETED
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY-STATE-ZIP		
12.17 TITLE		<input type="checkbox"/> DELETED
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-STATE-ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-STATE-ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-STATE-ZIP	
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY-STATE-ZIP	

14. I 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)(k), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the resident or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 12 of Block 141 of Chapter 12 of the public domain with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)