

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

FILED

Jan 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32780-5737
US

3. Date Incorporated or Qualified
06/27/1986

3a. Date of Last Report
01/24/1996

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

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

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

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
PARKS, THOMAS L.
82 Street Address (P.O. Box Number is Not Acceptable)
3636 WASHINGTON AVE.
83
84 City
TITUSVILLE FL
85 Zip Code
32780

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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRIFFIN, JOHN T.	
STREET ADDRESS	939 OCEAN BLVD #3	
CITY-ST-ZIP	HAMPTON NH	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRIFFIN, WARREN D.	
STREET ADDRESS	939 OCEAN BLVD, #3	
CITY-ST-ZIP	HAMPTON NH	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRIFFIN, JOAN F.	
STREET ADDRESS	939 OCEAN BLVD, #3	
CITY-ST-ZIP	HAMPTON NH	
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

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PARKS, THOMAS L.	
1.3 STREET ADDRESS	955 LOGGERHEAD ISLAND DRIVE	
1.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BALDWIN, THOMAS J.	
2.3 STREET ADDRESS	15 PHEASANT LANE	
2.4 CITY-ST-ZIP	MENANDS, NY 12204	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GRIFFIN, JOHN T.	
3.3 STREET ADDRESS	80 LITTLE RIVER ROAD	
3.4 CITY-ST-ZIP	HAMPTON, NH 03842	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)