

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J83302 (6)

1. Corporation Name

HUGHES AVIATION, INC.



Principal Place of Business

Mailing Address

20 N ORANGE AVE
SUITE 200
ORLANDO FL 32801

20 N ORANGE AVE
SUITE 200
ORLANDO FL 32801

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLACKFORD, ROBERT N.
TWO S. ORANGE AVE
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and date of signature

(If Title Registered Agent signature required when not signing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HUGHES, RUSSELL V.	
STREET ADDRESS	20 N ORANGE AVE, STE 200	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	DCPS	<input type="checkbox"/> DELETE
NAME	HUGHES, DAVID H.	
STREET ADDRESS	20 N ORANGE AVE, STE 200	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HUGHES, VINCENT S.	
STREET ADDRESS	20 N ORANGE AVE	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	ZEPF, J. STEPHEN	
STREET ADDRESS	20 N ORANGE AVE	
CITY-STATE-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	32801
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DCPST
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	32801
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	20 N ORANGE AVE, STE 200
3.4 CITY-STATE-ZIP	32801
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	20 N ORANGE AVE, STE 200
4.4 CITY-STATE-ZIP	32801
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Assistant Secretary
5.3 STREET ADDRESS	Robert N. Blackford
5.4 CITY-STATE-ZIP	Two S. Orange Ave. Orlando FL 32801
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Assistant Secretary
6.3 STREET ADDRESS	Jay Clark
6.4 CITY-STATE-ZIP	20 N Orange Ave, Ste 200 Orlando, FL 32801

14. I do 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 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:

David H. Hughes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

(407) 841-4755

CR2E034 (12/95)