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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name K35028 (5)

AEROSPACE SPECIALTIES, INC.

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Principal Place of	of Business	Mailing Addr		BELLER ALBIT OLD	. E.E.I. 8151	01911 81811 1881						
2885 ELECT MELBOURN	tronics drive E FL 32935		ECTRONICS DI IRNE FL 32935									
							3. Date Incorporated or Qualified 09/28/1988	3a. Date of	Last Rep 5/01/19			
2. Principa' Pla	ce of Business	2a. Mailing A	Address				4. FEI Number		pplied For			
21		26					59-2911006		ot Applicable			
Suite, Apt. #	, etc	Suite, Ar	ot. #, etc.				5. Certificate of Status Desired Sa.75 Additive Fee Require					
City & State		Oity & Si 28	tate				Election Campaign Financing Trust Fund Contribution			May Be to Fees		
Zip	Country	Zıp		Countr	у		8. This corporation has liability for		unders :	199.032,		
24	25	29		30				□ No		.		
	g. Name and Address of Curre	nt Registered Ag	ent	8	4T 6		10. Name and Address of New F	iegistered Ag	jent			
				ľ		ame						
	roa, richard H. Electronics dr			8:		treet Addres	ss (P.O. Box Number is Not Acceptat	ole) 				
MELBO	Durne FL 32935			8	3							
				8	4 C	ity		FL	85 Zip	Code		
11. Pursuant to	o the provisions of Sections 607.050	2 and 607.1508, F	lorida Statutes was authorize	the above	e-nam rporat	ed corpora- tion's bloard	tion submits this statement for the pu Fol directors. Thereby accept the app	rpase of chang ointment as re	ging its re gatered	gistered office agent. Lam		
familiar wit	h, and accept the obligations of, Sec	otion 607.0505, Flo	rida Statutes. NichAN	مسير				429-6				
SIGNATURE.	Signature typed or printed name of represent our				pert sign	rusture regionalis	where we what ngi	DATE	. 0			
12.	OFFICERS A	ND DIRECTORS		13.			ADDITIONS/CHANGE'S TO OFF					
TITLE	OPT) DELETE	1 1 TiTL	E			L	Change	Addit on		
NAME	FIGUEROA, RICHARD H.			1.2 NAM								
STREET ADDRESS	1513 DANDELION DR			1.3 STRE		1						
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NAME				4.2 NAM								
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NAME				5.2 NAA 5.3 STR		neiss						
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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 early, that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 3 if changed, or on an attachment with an address.

SIGNATURE: While

KICHARD 1 Julia SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FIGUEROA

CR2E034 (12/95)