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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K35028

1. Corporation Name

AEROSPACE SPECIALTIES, INC.

Principal Place of Business
2885 ELECTRONICS DRIVE
MELDOLIDNE EL 22025

May 01, 1999 8:00 am Secretary of State

05-01-1999 90040 018 ***150.00



Principal Place of Business Mailing Address 2885 ELECTRONICS DRIVE MELBOURNE FL 32935 MELBOURNE FL 32935 MAILING Address 2885 ELECTRONICS DRIVE MELBOURNE FL 32935					DO NOT WRITE IN THIS :	SPACE	
					09/28/1988	——	
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
26					59-2911006		Not Applicable Additional
Suite, Apt. #, etc.					5. Certifcate of Status Desired		Required
22]		City & State			A Florida Compiler Figure 1		0 May Be
City & Stat	e	28			6. Election Campaign Financing Trust Fund Contribution		d to Fees
Zip	Country	Zip	_ Country	,	8. This corporation owes the current year Inta		\
24		29 30	<u></u>		Personal Property Tax.	□Yes	□No
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registered A	gent	
FIGUEROA, RICHARD H. 2885 ELECTRONICS DR MELBOURNE FL 32935			82 83 84		Address (P.O. Box Number is Not Acceptable)	85 Zip	o Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change was auth	iorized by	the corpo	corporation submits this statement for the purpose of cration's board of directors. I hereby accept the appoin	hanging i tment as	ts registered registered
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable. (NOTE: Re	gistered Age	nt signature re	quired when reinstating) DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	TORS IN 12
TITLE	DPT	☐ DELETE	1.1 TITLE				e 🖊 🗌 Addition
NAME	FIGUEROA, RICHARD H.		1.2 NAME				•
STREET ADDRESS	4844 BANDENION BB		1.3 STREE	T ADDRESS	•		ļ
C/TY-ST-ZIP	MELBOURNE FL		1.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	2.1 TITLE			☐ Change	e
NAME			2.2 NAME				İ
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP	ૄ		2. 4 CITY-5	ST-ZUP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS		,	3.3 STREE	TADDRESS			1
CiTY-ST-ZIP	1		3.4. CITY-	ST-ZIP			
		T OF FTE				Change	a

TITLE □ DELETE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 6.1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP