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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L42113

(5)

EASTERN AVIONICS INTERNATIONAL, INC.

FILED
Apr 28 1997 8:00am
Secretary of State



Principal Place of Business C/O JAMES KANTOR 28000 AIRPORT RD. A 12 PUNTA GORDA FL 33982		C/O JAMES I 29000 AIRPOI	Mailing Address C/O JAMES KANTOR 28000 AIRPORT RD. A 12 PUNTA GORDA FL 33982-2497						
						3. Date Incorporated or Qualified 01/01/1990		te of Last F 9/1996	Report
2. Principal P	lace of Business	2a. Mailing A	Address			4. FEI Number		A	pplied For
21		26				65-0175867			lot Applicable
Suite, Apt	#, etc	Suite, Ap	ot. #, etc.			5. Certificate of Status Desired			Additional Required
City & State	C	City & St	ate			6. Election Campaign Financing		\$5.00) May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip		Country		8. This corporation has liability for in	ntangible t	ax under	s. 199.032,
24	25	29	[30		Florida Statutes	Yes 🗀) No	
	9. Name and Address of Cui	rent Registered Age	ent			10. Name and Address of New Re	stered A	gent	
	itor, James			81	Name				
28000 AIRPORT RD. A 12				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
	ITA GORDA FL 33982			63		, , , , , , , , , , , , , , , , , , ,			
				84	City		FL	85 Zip	Code
						rporation submits this statement for the pation's board of directors. I hereby accept	<u> </u>	<u> </u>	
SIGNATURE	Signature: typed or printed name of registerior	agent and title if applicable	(NOTE	Registered Ape	nt signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECTO	RS IN 12
TOTALE	D		DELETE	1.1 TITLE	··			Change	Addition
NAME	KANTOR, JAMES			1.2 NAME					
STREET ACORESS	28000 AIRPORT RD. A 12			1,3 STREET	ADDDCCC				
CITY-ST-ZIP	PUNTA GORDA FL			1.4 CITY - 9	!				
TITLE			DELETE	2.1 TITLE	1-211			Change	Addition
NAME		_		22 NAME	.		,		
STREET ADDRESS				2.3 STREET	AUUBECC				
City - St - ZIP				2. 4 CiTY-		•			
TILLE			DELETE	3.1 TITLE	51 6"			Change	Addition
NAME				3.2 NAME				_ •	
STREET ADDRESS				3.3 STALEET	ADDRESS				
CITY - S1 - ZIP				3.4. C/TY-	- 1				
Tille			DELETE	4.1 TITLE				Change	Addition
NAME				4, 2 NAME					
STREET ADDRESS				4.3 STREET	ADORESS				
CI*Y -ST - ZIP				4.4 CITY - S					
THE			DELETE	5.1 TITLE				Change	Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET	ADDRESS				
DITY-ST-7/2				5.4 CITY-5	1				
THILF	· · · · · · · · · · · · · · · · · · ·		DELETE	61 TITLE	LII			Change	Addition
NAME		_		62 NAME		•			
STREET ADDRESS				63 STREET	ANDRESS				
	}					•			
CITY ST-ZIF	the cortifue that the information sup-	nlind with this filing d	oon not a valid	6.4 CITY-S		nd in Section 119 07/3/(i) Florida Statute	n I further	cortify the	t the

4. 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 if 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. (2) if changed, you an attachment with an address.

SIGNATURE:

NATURE AND TYPED OF PRINTED NAME OF PIGNING OFFICER OR DIRECTOR

1/97 637-161