FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P02529** **(6)**

1. Corporation Name

ASTRONET CORPORATION

Principal Place of Business

SUITE 4100
37 SKYLINE DRIVE
LAKE MARY FL 32746

Mailing Address

C/O MEA- LAW DEPARTMENT
800 CIERMANN CT
MT. PROSPECT FL 60056
US

3. Date Incorporated or Qualified: **06/26/1984**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **32-7466214** ☐ 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 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE	S	☐ Change ☒ Addition
NAME	ISHIKAWA, HIROSHI		12 NAME	Olschwang, Alan P.	
STREET ADDRESS	5665 PLAZA DR.		13 STREET ADDRESS	5665 Plaza Drive	
CITY-ST-ZIP	CYPRESS CA		14 CITY-ST-ZIP	Cypress, CA 90630	
TITLE	PTD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	SAKAI, TSUGUO		22 NAME		
STREET ADDRESS	37 SKYLINE DRIVE		23 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	IINUMA, TAKEO		32 NAME		
STREET ADDRESS	5665 PLAZA DRIVE		33 STREET ADDRESS		
CITY-ST-ZIP	CYPRESS CA 90630		34 CITY-ST-ZIP		
TITLE	EVP	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, TERRY J.		42 NAME		
STREET ADDRESS	37 SKYLINE DR		43 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL		44 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	HARADA, NAGAYASU		52 NAME		
STREET ADDRESS	37 SKYLINE DRIVE		53 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL		54 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	SHEA, F. MICHEAL		62 NAME		
STREET ADDRESS	37 SKYLINE DR		63 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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: F. Michael Shea 4-3-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2E034 (12/95)