

**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 # **P14599 (5)**

1. Corporation Name  
**AVIATION SYSTEMS INTERNATIONAL, INC.**



Principal Place of Business  
**1377 CLINT MOORE ROAD  
1377 CLINT MOORE RD  
BOCA RATON FL 33487  
US**

Mailing Address  
**PO BOX 3020  
BOCA RATON FL 33431-0920  
US**

3. Date Incorporated or Qualified **05/27/1987**      3a. Date of Last Report **07/10/1995**

4. FEI Number **36-2810906**      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 **1377 CLINT MOORE ROAD**      2a. Mailing Address

22 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.

23 **BOCA RATON, FL**      27 City & State

24 Zip **33487**      25 Country **US**      28 City & State

29 Zip      30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name **CT CORPORATION SYSTEM**

82 Street Address (P.O. Box Number is Not Acceptable) **1200 S. PINE ISLAND ROAD**

83 **PLANTATION FL 33324**

84 City **PLANTATION**      85 Zip Code **FL 33324**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 type for principal officer or director or registered agent or officer or director

2001 Registered Agent Signature required when changing

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**       DELETE

NAME **RAYMAN, LAWRENCE**

STREET ADDRESS **1377 CLINT MOORE ROAD**

CITY-ST-ZIP **BOCA RATON FL**

TITLE **SD**       DELETE

NAME **RAYMAN, BIRGITTA**

STREET ADDRESS **1377 CLINT MOORE RD**

CITY-ST-ZIP **BOCA RATON FL**

TITLE **CD**       DELETE

NAME **BECK, LOUIS S**

STREET ADDRESS **2300 CORPORATE BLVD NW**

CITY-ST-ZIP **BOCA RATON FL**

TITLE       DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE       DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE **PD**       Change  Addition

1.2 NAME **RAYMAN, LAWRENCE**

1.3 STREET ADDRESS **1377 CLINT MOORE ROAD**

1.4 CITY-ST-ZIP **BOCA RATON FL 33487**

2.1 TITLE **SD**       Change  Addition

2.2 NAME **RAYMAN, BIRGITTA**

2.3 STREET ADDRESS **1377 CLINT MOORE ROAD**

2.4 CITY-ST-ZIP **BOCA RATON FL 33487**

3.1 TITLE **CD**       Change  Addition

3.2 NAME **BECK, LOUIS S**

3.3 STREET ADDRESS **2300 CORPORATE BLVD NW**

3.4 CITY-ST-ZIP **BOCA RATON FL**

4.1 TITLE       Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE       Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE       Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE: *Lawrence Rayman* **LAWRENCE RAYMAN**

4/24/96 (407) 241-9599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number

CR2E034 (12/95)