

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P30487** (3)

1. Corporation Name

ANALEX AEROSPACE, INC.

Principal Place of Business

**% DAN SAROKON
1004 SAMAR RD.
COCOA BEACH FL 32931**

Mailing Address

**% DAN SAROKON
1004 SAMAR RD.
COCOA BEACH FL 32931**



3. Date Incorporated or Qualified
08/09/1990

3a. Date of Last Report
03/27/1995

4. FEI Number
59-3020195

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

2a. Mailing Address

21. State, Apt., Bldg.

26. State, Apt., Bldg.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 607.0602 and 607.1504, 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 607.0605, Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

☐ DE-FE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

NAME

**PTD
SAROKON, DANIEL
5095 S. WASHINGTON AVE.
TITUSVILLE FL**

STREET ADDRESS

CITY, STATE, ZIP

NAME

**VD
GOOCH, LARRY
5095 S. WASHINGTON AVE
TITUSVILLE FL**

STREET ADDRESS

CITY, STATE, ZIP

NAME

**SD
PATTERSON, ALEX
5095 S. WASHINGTON AVE.
TITUSVILLE FL**

STREET ADDRESS

CITY, STATE, ZIP

NAME

**D
KODGER, LESE A
5095 S. WASHINGTON AVE.
TITUSVILLE FL**

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

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STREET ADDRESS

CITY, STATE, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(k), Florida Statutes. I further certify that I am an officer or director of the corporation or the registered or business 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: *Daniel Sarokon* **DANIEL SAROKON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 Feb 96

407-788-2356

CR2E034 (12/95)