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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P94000011012 (9)**

1. Corporation Name
FLIGHT AVIONICS OF NORTH AMERICA, INC.

Principal Place of Business	Mailing Address
~~237 E HILLCREST ST~~ ~~ORLANDO FL 32801~~ ~~US~~	~~207 E HILLCREST ST~~ ~~ORLANDO FL 32801~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/07/1994

2. Principal Place of Business	2a. Mailing Address
21 1249 N. Orange Ave	26 1249 N. Orange Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Orlando FL	City & State 28 Orlando FL
Zip 24 32804 Country 25 Orange	Zip 29 32804 Country 30 Orange

4. FEI Number: 59-3248236 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~PARRETT, JOHN E~~ ~~426 N. MAGNOLIA AVE.~~ ~~ORLANDO FL 32801~~	81 Name: Berry Walker 82 Street Address (P.O. Box Number is Not Acceptable): 235 Maitland Ave South Suite 216 83 84 City: Maitland FL 85 Zip Code: 32751

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: X Berry J. Walker BERRY J. WALKER, JR. DATE: 4/28/98
Signature of, & printed name of, registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BARMAN, JOHN	1.2 NAME	
STREET ADDRESS	~~3777 SPEARPOINT DR. HUNTERS CREEK~~ 1249 N. Orange Ave	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~ORLANDO FL 32801~~ Orlando, FL 32804	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PARRETT, JOHN	2.2 NAME	
STREET ADDRESS	~~200 E. COLONIAL DR.~~ 1249 N. Orange Ave	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~ORLANDO FL 32801~~ Orlando, FL 32804	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

14. I hereby certify that the information supplied with this form 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.