## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

1249 N ORANGE AVE

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000011012

Corporation Name

Principal Place of Business

1249 N ORANGE AVE

FLIGHT AVIONICS OF NORTH AMERICA, INC.

ORLANDO FL 3		ORLANDO FL 32804				`		
US		US			DO NOT WRITE IN THIS S	SPACE		
					3. Date Incorporated or Qualifed 02/07/1994	_		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied	For	
21		26			59-3248236	Not App	olicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<del></del>		\$8.75 Additi	onal	
22		27			5. Certifcate of Status Desired	Fee Require	ed [	
City & State		City & State			6. Election Campaign Financing	\$5.00 May	Be	
23		28			Trust Fund Contribution	Added to Fe		
Zip	Country	Country Zip Cou		rv	8. This corporation owes the current year Inta	ngible		
	25	29	[30]		Personal Property Tax. Yes No			
24	9. Name and Address of Current Registered Agent			-	10. Name and Address of New Registered Agent			
	5. Name and Address of Curren	The Mogration Agon.	1	1 Name				
WALI	Ker, Berry							
	MAITLAND AVE S		82 Street Add		ress (P.O. Box Number is Not Acceptable)		ł	
STE			-	.3				
	LAND FL 32751		'	'3				
	CHAID I E OLIVOI		8	4 City	FL	85 Zip Code		
44 Purguant	to the provisions of Sections 607 050	02 and 607 1508. Florida Statut	es, the abo	ve-named corp	poration submits this statement for the purpose of co	hanging its regis	stered	
office or n	anistered agent, or both, in the State	e of Florida. Such change was a	uthorized t	v the corporation	on's board of directors. I hereby accept the appoint	ment as register	red	
agent. I ai	n familiar with, and accept the obliga	ations of, Section 607.0505, Fig	rida Statuti	3S.				
SIGNATURE	Signature, typed or printed name of registered age	ANOTE AND TO THE PARTY OF THE P	Decistand A	gent signature require	ad when reinstation) DATE		—	
<u> </u>		ND DIRECTORS	13.	Jent signature require	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	N 12	
12.	D OFFICERS AI	DELETE	1.1 TITU		ADDITIONO FOR PRODUCTION OF THE PRODUCTION OF TH		Addition	
TITLE	· · · · · · · · · · · · · · · · · · ·						1	
NAME	BARMAN, JOHN		1.2 NAM				Į	
STREET ADDRESS	1249 N ORANGE AVE			EET ADDRESS			1	
CITY-ST-ZIP	ORLANDO FL 32804			-ST-ZIP	<u> </u>	C) Channo C	3 Addition	
TITLE	PD	☐ DELETE 2.1 TI		i j		Change	] Addition	
NAME	Parrett, John		2.2 NAM	€				
STREET ADDRESS	1249 N ORANGE AVE		2.3 STRI	ET ADDRESS				
CITY-ST-ZIP	DRLANDO FL 32804 2.40		2.4 CIT	-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLI			Change	] Addition ]	
NAME			3 2 NAM	E			ļ	
STREET ADDRESS			3.3 STR	ET ADDRESS			1	
CITY-ST-ZIP			3.4, CIT)	-ST-ZIP				
TITLE		☐ DELETE	4.1 TITL			Change	Addition	
NAME			4. 2 NAM					
STREET ADDRESS				ET ADDRESS			}	
				-ST-ZIP			]	
CITY-ST-ZIP		☐ DELETE	5.1 TITL		<del></del>	☐ Change ☐	Addition	
TITLE		C. VCLETE	. 5.2 NAM				- "	
NAME				ET ADDRESS				
STREET ADDRESS							Ì	
CITY-ST-ZIP				-ST-ZIP		Chance	7 Addition	
TITLE		☐ DELETE	6.1 TITL			Change	Addition	
NAME			6.2 NAM	E			{	
STREET ADDRESS		1	6.3 STR	EET ADDRESS			İ	
		//	CACITY	0.5.70			- 1	

14. I hereby certify that the information supplied with this filling does not quarry 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 attackment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND PIECO OR PRESTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99 Date

Daytime Phone #

**FILED** 

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90203 015 \*\*\*150.00

R2E034 (11/98)