

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **P94000038747 (9)**

1. Corporation Name
HAMMOND AVIONICS, INC.



Principal Place of Business Mailing Address
7501 PEMBROKE RD HOLLYWOOD FL 33023 US **7501 PEMBROKE RD HOLLYWOOD FL 33023 US**

3. Date Incorporated or Qualified **05/19/1994** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
 21 **7501 Pembroke Rd.** 26 Suite, Apt. #, etc.

4. FEI Number **65-0492259** Applied For Not Applicable

22 City, State **Pembroke Pines FL** 27 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip **33023** Country **USA** 28 Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **9. Name and Address of Current Registered Agent**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

**HAMMOND, TERRY L
 106 LAKE EMERALD DRIVE, #301
 OAKLAND PARK FL 33309**

10. Name and Address of New Registered Agent
 81 Name **Terry L. Hammond**
 82 Street Address (P.O. Box Number is Not Acceptable) **7240 Pembroke Rd # 2**
 83
 84 City **Miramar** FL 85 Zip Code **33023**

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 **Terry L. Hammond, President** 7/30/96
Signature (typed or printed name of registered agent and title if applicable) (If the Registered Agent's signature required when filing this statement)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/>
NAME	HAMMOND, TERRY L	
STREET ADDRESS	106 LAKE EMERALD DR., #301	
CITY - ST - ZIP	OAKLAND PARK FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME	Terry L Hammond		
13 STREET ADDRESS	7240 Pembroke Rd # 2		
14 CITY - ST - ZIP	Miramar, FL 33023		
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Terry L. Hammond, President** 7/30/96 954-986-2401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (3/96)