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

PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State *

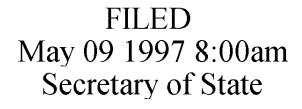
DIVISION OF CORPORATIONS

DOCUMENT # P94000077439 (5)

IFR SYSTEMS INC.

Principal	Place	0	Busine	055

Mailing Address





			CORAL GABLES FL 33134-6701						
					Date Incorporated or Qualified 10/21/1994		. Date of Last Report 01/25/1996		
2, Principal Place of Business 2a, Ma		2a. Mailing Addi	ess			4, FEI Number		App	olied For
21		26	26		65-0530009		Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution			
	 	Fı		ountry		8. This corporation has liability for in		nder s.	199.032,
24			30			Florida Statutes 10. Name and Address of New Reg	Yes No		
~ 7		Helit vedistelen van		81	Name	10. Hamb and Address of How Hos	ilotoros Agoin		
	2. Principal Place of Business 1								
				82	Street Address (P.O. Box Number is Not Acceptable)				
1 100	ITIMITOTI I E GOOLY			83					
₩									
				84	City		FL 85	Zip C	ode
11, Pursuant t	to the provisions of Sections 607	.0502 and 607.1508, Flori	da Statutes, the	above	named cor	poration submits this statement for the p	irpose of chan	ging its	registered
office or re	egistered agent, or both, in the S m familiar with, and accept the o	state of Horida, Such char Ibligations of, Section 607	ige was authoriz .0505, Florida S	zea by Itatutes.	tne corpora	mon's board of directors, I hereby accep	سد انم	ent as r	egistered
_			ď	CLC	\mathbf{cond}	o CPDoble of contraction	વા હ્યાવ	7	
	Signature, typed or printed name of registers	d agent and tipe if applicable	ment negion		Lper erutangia t	ned w remember and	DATL		
			15	3. 1 111LE	—	ADDITIONS/CHANGES TO OFFIC		hange	Addition
	_	L 0		2 NAME			_ ·	ika-igo	
	3132 LE JEUNE BOAD			3 STREET A	ADDDLGG				
				4 CITY-ST					
				i TiTiE			□ c	hange	☐ Addition
NAME			2.2	2 NAME	İ				
STREET ADDRESS			23	3 STREET A	ADDRESS				
CITY-ST-ZIP			2.	4 CITY - S	T - ZIP				
TITLE			ELETE 3.1	1 TITLE				hange	Addition
NAME			3.2	2 NAME					
STREET ADDRESS			3.3	3 STREET A	ADDRESS				
CITY-ST-ZIP				4. CITY - S	1- <i>ZIP</i>				T Addition
		□ D		1 TITLE			Ц¢	nange	Addition
1				2 NAME					
1				3 STREET					
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1				2 NAME	1			na igo	
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				3 STREET / 4 CITY - ST					
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NAME -		∪ ليوسو		2 NAME		·		•	
STREET ADDRESS				3 STREET.	ADDRESS				
CITY-ST-ZIP				4 CITY - ST	1				
J*11 U/-611	l				<u> </u>				

14. I do hereby certify that the information supplied with this filing 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.