

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

FILED

**Apr 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000084694 (6)

1. Corporation Name
AVIATION DATA SYSTEMS INCORPORATED
AvDat, Inc.



Principal Place of Business Mailing Address
478 BALLARD DR. SUITE 34 MELBOURNE FL 32935 **478 BALLARD DR. SUITE 34 MELBOURNE FL 32935-6851**

3. Date incorporated or Qualified: **11/21/1994** 3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business 2a. Mailing Address
21 *420 S. Wickham Road* 26 *420 S. Wickham Road*
Suite, Apt #, etc. Suite, Apt #, etc.
22 City & State: *Melbourne FL* 27 City & State: *Melbourne, FL*
23 Zip: *32904* Country: 28 Zip: *32904* Country:

4. FEI Number: **39-1800771** 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

9. Name and Address of Current Registered Agent

**SANDBERG, KEITH M
478 BALLARD DR., STE. 34
MELBOURNE FL 32935**

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 607.0502 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: *Keith M. Sandberg* *President* DATE: **4-11-97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TSD	<input type="checkbox"/> DELETE
NAME	DICKEY, JOYCE	
STREET ADDRESS	2520 FOREST RUN DR.	
CITY - ST - ZIP	MELBOURNE FL 32935	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SANDBERG, KEITH	
STREET ADDRESS	301 2ND ST.	
CITY - ST - ZIP	NASHWAUK MN 55769	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KOSKELA, WYATT	
STREET ADDRESS	1225 N. WICKRD., #413	
CITY - ST - ZIP	MELBOURNE FL 32935	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<i>Turek, Donald J</i>
1.3 STREET ADDRESS	<i>8505 South Tropical Trail</i>
1.4 CITY - ST - ZIP	<i>Merritt Island, FL 32952</i>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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.

SIGNATURE: *Joyce Dickey* *Joyce Dickey* DATE: **4-11-97** DAYTIME PHONE #: **407-752-4000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)