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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

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 Corporation Name EDO INTERNIATIONAL

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Mailing Address Principal Place of Business 1100 PARK CENTRAL BLVD. S. 1100 PARK CENTRAL BLVD. S. **SUITE 1700** SHITE 1700 POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 3a. Date of Last Report 3. Date Incorporated or Qualified 11/21/1994 05/01/1995 4 FFI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0537286 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s 199.032, Country Zio Zip Country Yes No 30 Florida Statutes 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DAWSON, ELIZABETH M Street Address (P.O. Box Number is Not Acceptable) 82 1100 PARK CENTRAL BLVD. S. **R3 SUITE 1700** POMPANO BEACH FL 33064 Zip Code 84 City 85 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 (NOTE: Registered Agent signature required when rainstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1. 1 TITLE TITLE DAWSON, ELIZABETH M 1.2 NAME NARAF 1100 PARK CENTRAL BLVD. S. 1.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33064 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition T] DELETE 2. 1 TITLE Change TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3. STREET ADDRESS STREET ADDRESS 34 CHTY-ST-7IP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS

CITY-ST-ZIP 14. Ido 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 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or on an attachment with an address. appears in Block 12 or Block 12

4.4 CITY - ST - 2IF

5.3 STREET ADDRESS

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5.4 CITY - ST - ZIP

5 1 TITLE

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SIGNATURE:

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