

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000048721 (1)

1. Corporation Name

ALLIED ASSEMBLY AND TEST, INC.



Principal Place of Business

Mailing Address

1638 DONNA ROAD  
W. PALM BEACH FL 33409

1638 DONNA ROAD  
W. PALM BEACH FL 33409

3. Date Incorporated or Qualified

07/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1638 DONNA Road

26 1638 DONNA Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 West Palm Beach, FL

28 West Palm Beach, FL

Zip

Country

Zip

Country

24 33409

25 USA

29 33409

30 USA

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

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

NORRIS, DAVID B  
712 U.S. HIGHWAY ONE  
N. PALM BEACH FL 33408

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

Signature, typed or printed name of registered agent and street if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                                 |                                 |
|----------------|---------------------------------|---------------------------------|
| TITLE          | PRESIDENT                       | <input type="checkbox"/> DELETE |
| NAME           | RICHARD D'GORMAN                |                                 |
| STREET ADDRESS | 5001 COMGRESS AVE. WPB FL 33401 |                                 |
| CITY-ST-ZIP    |                                 |                                 |
| TITLE          |                                 | <input type="checkbox"/> DELETE |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |
| TITLE          |                                 | <input type="checkbox"/> DELETE |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |
| 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          | PRESIDENT                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | RICHARD D'GORMAN         |   |
| 1.3 STREET ADDRESS | 5001 COMGRESS AVE APT 23 |   |
| 1.4 CITY-ST-ZIP    | WEST PALM BEACH FL 33401 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96

Date

407-687-5202

Daytime Phone #

CR2E034 (12/95)