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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

P95000067316 (6)

DOCUI	MENT # P9500	0067316 (6	3)				
AVIATION SAFETY TECHNOLOGIES, INC.							
Principal Place of Business Mailing Address					T HORINADI NID IDIDI BEHAN DENN ABI		DEO HIMI IIQIO DIKI 1001
5713 FORESTER LAKE DR P O BOX 1361 SARASOTA FL 34243 TELLEVAST FL 34270							
					3. Date Incorporated or Qualified 08/29/1995	3a. Date of La	st Report
2. Principal Pla	Principal Place of Business 2a. Mailing Address				4. FEI Number	· <del>!</del>	Applied For
21 4056 1	ARROW WAY	WAY 26			65-0607573	İ	Not Applicable
Suite, Apt.	Apt. #, etc. Suite, Apt. #, etc.			-	5. Certificate of Status Desired	\$8	.75 Additional
22					3. Certificate of Status Desired	<b>X</b> %	ee Required
City & State	SARASOTA FL 28				Election Campaign Financing     Trust Fund Contribution		5.00 May Be dded to Fees
Zip 24 342	Country	Zip <b>29</b>	Country 30	<u> </u>	This corporation has liability for intangible tax under s 199.032,     Florida Statutes		
9. Name and Address of Current Registered Agent					10. Name and Address of New R	egistered Agent	
				Name			
GANTHER, JAMES S 100 S ASHLEY DR, SUITE 1300			82	Street Addre	ess (P.O. Box Number is Not Acceptable	le)	
TAMPA FL 33602-5310			83				
	, , , , , , , , , , , , , , , , , , , ,		84	City		FL 85	Zıp Code
11. Pursuant t	to the provisions of Sections 607.0502 a	nd 607 1508. Florida Statutes	the above r	named cornors	ation submits this statement for the nur	open of observing	tte registered office
or register	ed agent, or both, in the State of Florida th, and accept the obligations of, Section	. Such change was authorize:	d by the corp	oration's board	d of directors. I hereby accept the appo	intment as regist	ered agent. I am
SIGNATURE	Signature, typed or printed name of registered agent an	o tipe il applicable. INOTI	: Registered Agen	I signature required	when reinslativo	DATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFE		CTORS IN 12
TITLE	PRESIDENT	☐ DELETE	1. 1 TITLE	· · · · · · · · · · · · · · · · · · ·		Cha	
NAME	RAYMOND FESTING S713 FORESTER LAKE DRIVE		1.2 NAME				
STREET ADDRESS			1.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34243		1.4 CITY - ST - ZIP				
TrILE		☐ DELETE	2 1 TITLE			☐ Chai	age 🔲 Addition
NAME		22					
STREEL ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP TOLE	רון הכו בדב		2 4 CITY - S	T-ZIP			
NAME	<u> </u>		3 1 TITLE			Chai	nge 🔲 Addition
STREET ADDRESS			3 2 NAME	+DD0500			
CITY-SI-ZIP			3.3. STREET				1
TITLE	F3 +		3.4 CITY-S' 4. 1 THILE	1-211	Change		nge Addition
NAME		<b>_</b>	4.2 NAME				igo [] ridotton
STREET ADDRESS			4.3 STHEET	ADDRESS			*
CITY-ST-ZIP			4.4 CITY-S	1			
THLE		☐ DELETE	5 1 TITLE			☐ Char	nge [] Addition
NAME		5.2					
STREET ADDRESS	DRESS 5.		5.3 STREET	address			
CITY-\$T-ZIP			5.4 CITY-S1	1 - 21P			
TITLE	DELETE		6 1 TITLE			☐ Char	nge 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6 4 CITY - ST	r- 21P			

14. I do hereby certify that the information supplied with this filling 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 13 if changed, or on an attachment with an address.

SIGNATURE: Remark 715tm RAYMOND FESTINO 4/6/96 941-378-9309
SIGNATURE: Remark 715tm RAYMOND FESTINO 4/6/96 941-378-9309
Date Dayting Prices