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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600007016

1. Corporation Name

NICK'S ELECTRONICS & AVIONICS, INC.

Principal	Place of	f Business
-----------	----------	------------

Mailing Address

Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90012 033 \*\*\*150.00



13370 SOUTHWEST 131 STREET. UNIT 113 MIAMI FL 33186		13370 SOUTHWEST 131 STREET, UNIT 113 MIAMI FL 33186		DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualifed 01/23/1996		_
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			65-0643072	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	
22		27			5. Certificate of Status Desired	Fee Re	quired
City & Stat	9	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Int	angible	
24	25	29 3	0		Personal Property Tax.	Yes	<b>⊠</b> No
	9. Name and Address of Curren	<del></del>			10. Name and Address of New Registered	Agent	
			81	Name		–	
POP	OVSKI, NIKOLCE				(D.C. D. D. L. L. L. L. Accordable)		
1083	S S.W. 146TH PLACE		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
MIAI	W) FL 33186		83	<del> </del>	74.7-4		
			"				
			84	City		85 Zip (	Code
	·				<u>FL</u>	•	gioto ro d
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida Slich chande was auti	nonzen nv	rine comorxiu	poration submits this statement for the purpose of lon's board of directors. I hereby accept the appoint	ntment as re	gistered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	legistered Age	ent signature require	ed when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	PT	☐ DELETE	1.1 T/TLE			Change	☐ Addition
NAME	POPOVSKI, NIKOLCE		1.2 NAME				
STREET ADDRESS	10835 S.W. 146TH PLACE			TADDRESS			
	MIAMI FL 33186		1.4 CITY-S				
CITY-ST-ZIP	\$	DELETE	2.1 TITLE	-		Change	☐ Addition
-	POPOVSKI, ASPASIJA		2.2 NAME			_ ,	_
NAME							
STREET ADDRESS	10835 S.W. 146TH PLACE	42		TADDRESS			
CITY-ST-ZIP	MIAMI FL 33186		2. 4 CITY-	ST-ZIP		Change	☐ Addition
·TITLE		☐ DELETE	3.1 TITLE		•	Change	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			·····
TITLE		☐ DELETE	4.1 TITLE	<u>-</u>		Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS				T ADDRESS			
			4.4 CITY-5				
CITY-ST-ZIP		□ DELETE	5.1 TITLE	51-2IF	· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE		C Descrip	5.1 IIILE 5.2 NAME				
NAME					·		
STREET ADDRESS			1	TADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE		☐ DĒLETE	6.1 TITLE		•	☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADORESS	,		
OTT OT 700	ほさ 、4334 アガル		6.4 CITY-5	ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE: