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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # **P9600007600 (5)**

YEAGER ELECTRONIC SYSTEMS, INC.

Principal Place of Business Mailing Address 4058 JASLO AVENUE 4058 JASLO AVENUE NORTH PORT FL 34286-8624 NORTH PORT FL 34207-C 3a. Date of Last Report 3. Date Incorporated or Qualified 01/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-06 21 Not Applicable Suite, Apt. #, etc. Suite Apt #, etc. \$8.75 Additional ₹ 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No. Florida Statutes 24 29 30 9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE **CORAL GABLES FL 33134**

| Т | 10. Name and Address of New Registered Agent |
|----|--|
| 81 | Name ELMER D. YEAGER |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City 1/2 2ip Code |

FILED

Apr 25 1997 8:00am

Secretary of State

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 about, object, object, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered

| agent Fa | am fimiliar with Anyl Accept the obligation | s of, Section 607.0505, Flor | ida Statutes. | | | | |
|------------------|--|------------------------------|----------------------------|------------|---------------|--------------------|-------------------|
| SIGNATURE | Significant types of miled name of registered agent and | 20 APRIL 1 | የዮ7 | | | | |
| 12. | Significe types only fied name of registered agent and OFFICERS AND DI | | Registered Agent signature | | HANGES TO DEF | ICERS AND DIRECTOR | RS IN 12 |
| TITLE | PSTD | ☐ DELETE | 1.1 TITLE | | | ☐ Change | Addition |
| NAME | YEAGER, ELMER D | | 1.2 NAME | | | | |
| STREET ADDRESS | 4058 JASLO AVENUE | | 1.3 STREET ADDRESS | | | | |
| City-St-7iP | NORTH PORT FL 84267 | | 1.4 City-St-Zip | ZIP IS NOW | 34286 | | |
| 1 TLF | | DELETE | 21 TITLE | | | Change | Addition |
| NAME | | | 22 NAME | | | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | | | |
| CITY - \$1 - ZIP | | | 2.4 CITY-ST-ZIP | | | | |
| TOLE | | ☐ DELETE | 3.1 TITLE | | | Change | Addition Addition |
| NAME | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | | |
| CITY - S1 - ZIP | | | 3.4. CITY - ST - ZIP | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | Change | Addition |
| NAME | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | |
| CHY-ST-ZIP | | | 4.4 CITY - ST-ZIP | | | | |
| TITLE | | ☐ D€LETE | 5.1, TITLE | | | Change | Addition |
| NAME | | | 5.2 NAME | | | | |
| STREET ALUMESS | | | 5.3 STREET ADDRESS | | | | |
| CITY-ST ZIP | | | 5.4 CITY-ST-ZIP | | | | |
| THLE | | ☐ DELETE | 61 TITLE | | | Change | Addition |
| NAME | | | 62 NAME | | | | |
| STREET ADDRESS | | | 63 STREET ADDRESS | | | | |
| DITY ST. 7-D | | | RACITY ST. 7ID | | | | |

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 convention or hereceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

YEARTR CEO ZOAPRIL 1997

941-426-7634

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