

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

FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000069077 (1)

1. Corporation Name
HEICO BEARINGS CORP.

Principal Place of Business
**3000 TAFT STREET
HOLLYWOOD FL 33021**

Mailing Address
**3000 TAFT STREET
HOLLYWOOD FL 33021-4441**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/19/1996		3a. Date of Last Report	
21		26		4. FEI Number 65-0695784		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Country		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MENDELSON, VICTOR H ESQ. 3000 TAFT STREET HOLLYWOOD FL 33021				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MENDELSON, VICTOR H			1.2 NAME	Mendelson, Victor H.		
STREET ADDRESS	3000 TAFT STREET			1.3 STREET ADDRESS	3000 Taft Street		
CITY-ST-ZIP	HOLLYWOOD FL 33021			1.4 CITY-ST-ZIP	Hollywood, FL 33021		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				2.2 NAME	Mendelson, Laurance A.		
STREET ADDRESS				2.3 STREET ADDRESS	3000 Taft Street		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	Hollywood, FL 33021		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	Borax, Sigmund		
STREET ADDRESS				3.3 STREET ADDRESS	3000 Taft Street		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Hollywood, FL 33021		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	Irwin, Thomas S.		
STREET ADDRESS				4.3 STREET ADDRESS	3000 Taft Street		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Hollywood, FL 33021		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	Vetter, Judith		
STREET ADDRESS				5.3 STREET ADDRESS	3000 Taft Street		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Hollywood, FL 33021		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 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, changed, or on an attachment with an address.

SIGNATURE:  4/15/97 954-987-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)