FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # RADOME ENGINEERING, INC. Principal Place of Business Mailing Address 3101 SW 34 AVE 3101 SW 34 AVE 995-222 905-425 OCALA FL 33474 905-425 OCALA FL 34474 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995 05/14/1992 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-3123772 Not Applicable SAME some 26 21 \$8.75 Additional 5. Certificate of Status Desired 905-425 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be City & State SAME Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country $Z_{\rm ID}$ Yes YNo Florida Statutes 25 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Street Address (P.O. Box Number is Not Acceptable) HORAK, NADEENE 82 3101 SW 34 AVE 83 OCALA FL 34474 Zip Code 85 84 City 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. ladeene Her NAdeene Horak ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition DELETE 1 1 TILLE TITLE PERRY, LEON 1.2 NAME NAME **401 MARLIN ROAD** 1.3 STREET ADDRESS STREET ADDRESS NORTH PALM BEACH FL 1.4 C+TY - ST - Z+P CITY-ST-ZIP ☐ Change Addition DELETE 2 NIPUE TUTLE STUART, MARILYN 2.2 NAME NAME **401 MARLIN ROAD** 2.3 STREET ADDRESS STREET ADDRESS NORTH PALM BEACH FL 2.4 C(1) - ST - Z(P CITY - ST - ZIP ☐ Addition DELETE 3 1 TITLE TITLE HORAK, NADEENE 3.2 NAME NAME 3101 S.E. 34TH AVENUE, 905-425 3.3 STREET ADDRESS STREET ADDRESS OCALA FL 3.4 CITY - \$1 - ZIP CITY-ST-7/P Addition [] DELETE 4. 1 TITLE 6. Horak +905-425 Robert HORAK, ROBERT 4.2 NAME NAME 3101 SW 34 AVE #905-222 4.3 STREET ADDRESS STREET ADDRESS OCALA FL 4 4 C1[Y - ST - ZIP City-St-ZIP Change Addition DELETE 5 1 THLE HORAK, ROBERT J 5.2 NAME NAME 3101 SW 34THE AVENUE, 905-425 5.3 STREET ADDRESS STREET ADDRESS OCALA FL 54 CITY - ST. ZIP CITY - ST - 21F ☐ Change Addition Addition DELETE 6 1 TITLE 6.2 NAME NAME **6.3 STREET ADDRESS**

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)(8). 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 trusted enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name an an attachment with an address

6.4 CHY-ST-ZIF

STREET ADDRESS

NTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/96

CR2E034 (12/95)