

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
05 JUN -1 AM 9:13

DOCUMENT # **846400** (0)

1. Corporation Name

E.I.L. INSTRUMENTS, INC.

Principal Place of Business
**10966 GOLDEN WEST DR
HUNT VALLEY MD 21031**

Mailing Address
**10966 GOLDEN WEST DR
HUNT VALLEY MD 21031**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/01/1980** 3a. Date of Last Report **04/19/1994**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

52-0905723

Not Applicable

Suite, Apt #, etc

Suite, Apt #, etc

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing

\$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.0902 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

Signature of Agent (print name) (Required after first filing.)

Signature of Agent (print name) (Required after first filing.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**D
DICAMILLO, GARY
10946-A GOLDEN W. DR.
HUNT VALLEY MD**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**D
MCMILLAN, TIMOTHY
10946A GOLDEN W. DR.
HUNT VALLEY MD**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**C
RICE, HALLIE P.
318 TREE TOPS RD.
PASADENA MD**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**PD
WOODSIDE, SAMUEL T.
5815 MEADOWOOD RD.
BALTIMORE MD**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**SD
HESSEY, MAHLON W.
13 S. CHAPEL RIDGE RD.
TIMONIUM MD**

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**VPF
VAILE, ERNEST J
208 N TYRONE
BALTIMORE MD**

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

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)(b), 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. I am an officer or director of the corporation or the recipient of trustee empowerment 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.

SIGNATURE:

[Signature]
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/95
DATE

(410) 584-7400
Telephone Number

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1995



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Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE

DOCUMENT # **849420** (5)

1. Corporation Name

B. & B. MOTOR AND CONTROL CORPORATION

Principal Place of Business

Mailing Address

39-40 CRESCENT ST.
LONG ISLAND NY 11101

39-40 CRESCENT ST.
LONG ISLAND NY 11101

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
06/12/1981

3a. Date of Last Report
06/24/1994

4. FEI Number
13-1920960

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S 199.037
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt # etc

26 Suite, Apt # etc

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LYBROOK, RICHARD R
1255 BOLLE AVE.
SUITE 125
WINTER SPRINGS FL 32708

81 Name **PAUL A BERSON**
82 Street Address (P.O. Box Number is Not Acceptable)
1255 BELLE AVE SUITE 125
83
84 City **WINTER SPRINGS FL** 85 Zip Code **32708**

11. Pursuant to the provisions of Sections 607.0503 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE

Selma Berson

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	BERSON, PAUL A.
STREET ADDRESS	5235 NETHERLAND AVENUE
CITY, ST, ZIP	BRONX NY 10471
TITLE	V
NAME	BERSON, SELMA
STREET ADDRESS	5235 NETHERLAND AVENUE
CITY, ST, ZIP	BRONX NY 10471
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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 194.027(3)(b), Florida Statutes. I further certify that the information included 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. 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 in an attachment with an addition.

SIGNATURE:

Joel Shapiro **JOEL SHAPIRO CONTROLLER**

3/1/95 (718) 784-1310

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1995



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

FILED
SECRETARY OF STATE
CORPORATION DIVISION

DOCUMENT # **854070** (0)

1. Corporation Name
EVERGREEN INTERNATIONAL AIRLINES, INC.

Principal Place of Business

Mailing Address

**3850 THREE MILE LANE
ATTN: TAX DEPARTMENT
MCMINNVILLE OR 97128**

**3850 THREE MILE LANE
ATTN: TAX DEPARTMENT
MCMINNVILLE OR 97128**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **09/15/1982** 3a. Date of Last Report **07/21/1994**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

4. FEI Number

Applied For

81-0357870

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.0507 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

Signature of Registered Agent

Signature of Registered Agent

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD
NAME	SMITH, DELFORD M
STREET ADDRESS	3850 THREE MILE LANE
CITY, ST, ZIP	MCMINNVILLE OR
TITLE	P
NAME	LANE, LARRY K.
STREET ADDRESS	3850 THREE MILE LANE
CITY, ST, ZIP	MCMINNVILLE OR
TITLE	S
NAME	ALBUS, GLENN
STREET ADDRESS	3850 THREE MILE LANE
CITY, ST, ZIP	MCMINNVILLE OR
TITLE	D
NAME	LANE, RONALD A.
STREET ADDRESS	3850 THREE MILE LANE
CITY, ST, ZIP	MCMINNVILLE OR
TITLE	T
NAME	CANTRELL, BOB I.
STREET ADDRESS	3850 THREE MILE LANE
CITY, ST, ZIP	MCMINNVILLE OR
TITLE	V
NAME	HENRY, ELSIE M.
STREET ADDRESS	3850 THREE MILE LANE
CITY, ST, ZIP	MC MINNVILLE OR

14 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	
18 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 NAME	
20 STREET ADDRESS	
21 CITY, ST, ZIP	
22 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 NAME	
24 STREET ADDRESS	
25 CITY, ST, ZIP	
26 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 NAME	
28 STREET ADDRESS	
29 CITY, ST, ZIP	
30 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 NAME	
32 STREET ADDRESS	
33 CITY, ST, ZIP	
34 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
35 NAME	
36 STREET ADDRESS	
37 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 make this report as required by Chapter 192, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment, with an address.

SIGNATURE:

Glenn L. Albus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenn L. Albus, Secretary

5/18/95