


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

**FILED**  
**May 01 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 224841 (7)**  
 1. Corporation Name  
**GENERAL DEVELOPMENT AIR SERVICE, INC.**



Principal Place of Business <b>LEGAL DEPT 9TH FLOOR                  2601 S. BAYSHORE DR.                  MIAMI FL 33133-2461</b>	Mailing Address <b>LEGAL DEPT 9TH FLOOR                  2601 S. BAYSHORE DR.                  MIAMI FL 33133-5417</b>
---	---

3. Date Incorporated or Qualified <b>07/12/1959</b>	3a. Date of Last Report <b>04/16/1996</b>
--	--

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-0897274</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>LANGLEY, MARCIA H                  LEGAL DEPT., 9TH FLOOR                  2601 S. BAYSHORE DRIVE                  MIAMI FL F3313</b>				10. Name and Address of New Registered Agent			
				81. Name <b>JOEL K. GOLDMAN</b>			
				82. Street Address (P.O. Box Number is Not Acceptable) <b>2601 S. Bayshore DR</b>			
				83. <b>9th Floor</b>			
				84. City <b>Miami</b>	85. State <b>FL</b>	86. Zip Code <b>33133</b>	

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: *Joel K. Goldman* **JOEL K. GOLDMAN** **4/11/97**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY, THOMAS W.	1.2 NAME	GOLDMAN, JOEL K
STREET ADDRESS	2601 S. BAYSHORE DRIVE	1.3 STREET ADDRESS	2601 S. Bayshore DR
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami FL 33133
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	V.A.S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGLEY, MARCIA H.	2.2 NAME	LANGLEY, MARCIA H.
STREET ADDRESS	2601 S. BAYSHORE DRIVE	2.3 STREET ADDRESS	2601 S. Bayshore
CITY-ST-ZIP	MIAMI FL 33133	2.4 CITY-ST-ZIP	Miami, Florida 33133
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	V/D/C/A/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, JOHN H.	3.2 NAME	CARLTON, CALLIS N.
STREET ADDRESS	2601 S. BAYSHORE DRIVE	3.3 STREET ADDRESS	2601 S. Bayshore DR.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33133
TITLE	VAS <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	GOLDMAN, JOEL K.	4.2 NAME	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	CARLTON, CALLIS	5.2 NAME	
STREET ADDRESS	2601 S BAYSHORE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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 if changed, or on an attachment with an address.

SIGNATURE: *Joel K. Goldman* **JOEL K. GOLDMAN** **4/11/97** **305-854-4071**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)