

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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

98 FEB 18 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

Principal Place of Business LEGAL DEPT 9TH FLOOR 2601 S. BAYSHORE DR. MIAMI FL 33133-2461	Mailing Address LEGAL DEPT 9TH FLOOR 2601 S. BAYSHORE DR. MIAMI FL 33133-2461
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/12/1959		4. FEI Number 59-0897274		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent GOLDMAN, JOEL K LEGAL DEPT., 9TH FLOOR 2601 S. BAYSHORE DRIVE MIAMI FL F3313		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. 3008802436763-0 -02/20/98--01103--005	
		84. City	****158. FL ****1998

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	DP JEFFREY, THOMAS W. 2601 S. BAYSHORE DRIVE MIAMI FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VAS LANGLEY, MARCIA H. 2601 S. BAYSHORE DRIVE MIAMI FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VT FISCHER, JOHN H. 2601 S. BAYSHORE DRIVE MIAMI FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VSD GOLDMGN, JOEL K. 2601 S. BAYSHORE DRIVE MIAMI FL	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Y Laguardia, John
STREET ADDRESS		4.3 STREET ADDRESS	2601 S. Bayshore Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, Florida 33133
TITLE	VDCS CARLETON, CALLIS 2601 S BAYSHORE DR MIAMI FL	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Cook, Paula
STREET ADDRESS		5.3 STREET ADDRESS	2601 S. Bayshore Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, Florida 33133
TITLE		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 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* V.P. **2-13-98** **305-859-4000**

CR2E034 (10/97)