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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # 825494 (8)

1. Corporation Name
AIRCRAFT SERVICE INTERNATIONAL, INC.

Principal Place of Business
8240 NW 52ND TERRACE SUITE #200
MIAMI FL 33166-7766

Mailing Address
8240 NW 52ND TERRACE SUITE #200
MIAMI FL 33166-7766

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 12/16/1970
4. FEI Number: 38-1844892 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

CR2E034 (10/97)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	EVP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TARMAN, ROBERT		1.2 NAME		
STREET ADDRESS	109 TAMERLANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PEACHTREE CITY GA		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STAUFFER, LLOYD M., JR.		2.2 NAME		
STREET ADDRESS	3228 BEECHBERRY CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PETTIT, DAVID R., JR.		3.2 NAME		
STREET ADDRESS	863 W. COCO PLUM CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		3.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	4.1 TITLE	V	☐ Change ☒ Addition
NAME	BLAUCH, MAURICE W., II		4.2 NAME	RAPP, CHARLES S.	
STREET ADDRESS	11025 SW 139 CT.		4.3 STREET ADDRESS	8240 NW 52 TERR. #200	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GASSETT, JOHN W.		5.2 NAME		
STREET ADDRESS	1221 NW 76 AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BOHANNON, ROBERT		6.2 NAME		
STREET ADDRESS	6819 E HUMMINGBIRD LN		6.3 STREET ADDRESS		
CITY-ST-ZIP	PARADISE VALLEY AZ		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: Lloyd M. Stauffer Jr. LLOYD M STAUFFER JR 3/12/98 (305) 599-[illegible]