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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State
03-17-1999 90073 010 ***158.75

DOCUMENT # **825494**

1. Corporation Name
AIRCRAFT SERVICE INTERNATIONAL, INC.

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

ATTN: TAX/TREASURY DEPT.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed	
21	26 1815 GRIFFIN ROAD.	12/16/1970	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	☐ Applied For
22	27 STE. #300	38-1844892	☐ Not Applicable
City & State	City & State	5. Certifcate of Status Desired ☒	**$8.75** Additional Fee Required
23	28 DANIA, FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country	Zip / Country	8. This corporation owes the current year Intangible Personal Property Tax.	☒ Yes ☐ No
24 / 25	29 33004-2252 / 30 U.S.A.		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH 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 607.0502 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)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	EVP	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	TARMAN, ROBERT		1.2 NAME	STEPHEN TOWNES	
STREET ADDRESS	109 TAMERLANE		1.3 STREET ADDRESS	1815 GRIFFIN RD., STE.#300	
CITY-ST-ZIP	PEACHTREE CITY GA		1.4 CITY-ST-ZIP	DANIA, FL 33004-2252	
TITLE	V	☒ DELETE	2.1 TITLE	SV	☐ Change ☒ Addition
NAME	STAUFFER, LLOYD M., JR.		2.2 NAME	GEORGE WATTS	
STREET ADDRESS	3228 BEECHBERRY CIRCLE		2.3 STREET ADDRESS	1815 GRIFFIN RD., STE.#300	
CITY-ST-ZIP	DAVIE FL		2.4 CITY-ST-ZIP	DANIA, FL 33004-2252	
TITLE	V	☒ DELETE	3.1 TITLE	V	☐ Change ☒ Addition
NAME	PETTIT, DAVID R., JR.		3.2 NAME	MICHAEL KRANE	
STREET ADDRESS	863 W. COCO PLUM CIRCLE		3.3 STREET ADDRESS	1815 GRIFFIN RD., STE.#300	
CITY-ST-ZIP	PLANTATION FL		3.4 CITY-ST-ZIP	DANIA, FL 33004-2252	
TITLE	V	☒ DELETE	4.1 TITLE	V	☐ Change ☒ Addition
NAME	RAPP, CHARLES S		4.2 NAME	KURTIS GRANGER	
STREET ADDRESS	8240 NW 52 TERR #200		4.3 STREET ADDRESS	1815 GRIFFIN RD, STE.#300	
CITY-ST-ZIP	MIAMI FL 33166		4.4 CITY-ST-ZIP	DANIA, FL 33004-2252	
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	V	☐ Change ☒ Addition
NAME	BOHANNON, ROBERT		6.2 NAME	ROBERT O. SELLAS JR.	
STREET ADDRESS	6819 E HUMMINGBIRD LN		6.3 STREET ADDRESS	1815 GRIFFIN RD, STE.#300	
CITY-ST-ZIP	PARADISE VALLEY AZ		6.4 CITY-ST-ZIP	DANIA, FL 33004-2252	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Michael Krane 3/9/99 (954) 926-8289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #