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Jun 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F95000000123 (8)
1. Corporation Name
ALPHA FLIGHT SERVICES FLORIDA, INC.



Principal Place of Business: 179-17 149TH AVENUE, JAMAICA NY 11434
Mailing Address: 2000 EDMUND HALLEY DR, RESTON VA 20191-3488, US

3. Date Incorporated or Qualified: 01/09/1995
3a. Date of Last Report: 05/01/1996
4. FEI Number: 11-3280510
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

2. Principal Place of Business: 21 179-17 149TH AVENUE, JAMAICA NY 11434
2a. Mailing Address: 2a. WASH.-DULLES AIRPORT, 26 300 WEST SERVICE ROAD, Suite, Apt. #, etc. 27 P O BOX 16300
23. City & State: 23 WASHINGTON DC
24. Zip: 24 20041-6300, Country: 25 US

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: THE COMPANY CORPORATION % LARRY WOLFE, 82 Street Address (P.O. Box Number is Not Acceptable): 200 A JOHN KNOX ROAD, 84 City: TALLAHASSEE, FL 85 Zip Code: 32303

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: *Larry S. Wolfe* LARRY S. WOLFE 6/11/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	S	DELETE
NAME	SAUNDERS, JOHN H.	
STREET ADDRESS	2000 EDMUND HALLEY DR	
CITY-ST-ZIP	RESTON VA	
TITLE	P	DELETE
NAME	BOLTON, FRANK	
STREET ADDRESS	179-17 149TH AVENUE	
CITY-ST-ZIP	JAMAICA NY	
TITLE	D	DELETE
NAME	HARRISON, PAUL	
STREET ADDRESS	179-17 149TH AVENUE	
CITY-ST-ZIP	JAMAICA NY	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/S/T/D	Change	Addition
1.2 NAME			
1.3 STREET ADDRESS	WASH.-DULLES AIRPORT 300 W. SERVICE RD		
1.4 CITY-ST-ZIP	WASHINGTON DC 20041-6300		
2.1 TITLE	AS	Change	Addition
2.2 NAME	DAWN ELLIOTT OAKLEY		
2.3 STREET ADDRESS	WASH.-DULLES AIRPORT 300 W SERVICE RD		
2.4 CITY-ST-ZIP	WASHINGTON DC 20041-6300		
3.1 TITLE	D/EVP	Change	Addition
3.2 NAME			
3.3 STREET ADDRESS	WASH.-DULLES AIRPORT 300 W SERVICE RD		
3.4 CITY-ST-ZIP	WASHINGTON DC 20041-6300		
4.1 TITLE	D	Change	Addition
4.2 NAME	PATRICK G DEASY		
4.3 STREET ADDRESS	WASH.-DULLES AIRPORT 300 WEST SERVICE RD		
4.4 CITY-ST-ZIP	WASHINGTON DC 20041-6300		
5.1 TITLE	D	Change	Addition
5.2 NAME	STUART SIDDALL		
5.3 STREET ADDRESS	WASH.-DULLES AIRPORT, 300 W. SERVICE RD		
5.4 CITY-ST-ZIP	WASHINGTON DC 20041-6300		
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
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: *John H. Saunders* 6/12/97

CR2E034 (9/96)