

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

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000000123 (8)
 1. Corporation Name
ALPHA AIRPORT SERVICES, INC.



Principal Place of Business 179-17 149TH AVENUE JAMAICA NY 11434	Mailing Address WAH-DOLLES AIRPORT 300 WEST SERVIC RD. P.O. BOX 18300 WASHINGTON DC 20041-8300 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/09/1995		4. FEI Number 11-3280510		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 45025 AVIATION DR Suite, Apt. #, etc.	2a. Mailing Address 26 45025 AVIATION DR Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
22 SUITE 350 City & State	27 SUITE 350 City & State	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No		
23 DULLES VA Zip	28 DULLES, VA Zip	29 20166	30 20166	

9. Name and Address of Current Registered Agent WOLFE, LARRY THE COMPANY CORPORATION 200 A JOHN KNOX RD TALLASSEE FL 32303		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUNDERS, JOHN H.	12 NAME	
STREET ADDRESS	WASH-DOLLES AIRPORT, 300 W SERVICE RD	13 STREET ADDRESS	45025 AVIATION DR, SUITE 350
CITY-ST-ZIP	WASHINGTON DC	14 CITY-ST-ZIP	DULLES, VA 20166
TITLE	AS <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OAKLEY, DAWN E	22 NAME	
STREET ADDRESS	WASH-DOLLES AIRPORT, 300 W SERVICE RD	23 STREET ADDRESS	45025 AVIATION DR, SUITE 350
CITY-ST-ZIP	WASHINGTON DC	24 CITY-ST-ZIP	DULLES, VA 20166
TITLE	DEVP <input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, PAUL	32 NAME	
STREET ADDRESS	WASH-DOLLES AIRPORT RD, 300 W SERVICE RD	33 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEASY, PATRICK G	42 NAME	
STREET ADDRESS	WASH-DOLLES AIRPORT, 300 W SERVICE RD	43 STREET ADDRESS	45025 AVIATION DR, SUITE 350
CITY-ST-ZIP	WASHINGTON DC	44 CITY-ST-ZIP	DULLES, VA 20166
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIDDALL, STUART	52 NAME	
STREET ADDRESS	WASH-DOLLES AIRPORT, 300 W SERVICE RD	53 STREET ADDRESS	45025 AVIATION DR, SUITE 350
CITY-ST-ZIP	WASHINGTON DC	54 CITY-ST-ZIP	DULLES, VA 20166
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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.

CR2E034 (10/97)