

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90066 024 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # F95000000123**

1. Corporation Name  
**ALPHA AIRPORT SERVICES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 45025 AVIATION DR STE 350 DULLES VA 20166 US	Mailing Address 45025 AVIATION DR STE 350 DULLES VA 20166 US
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3. Date Incorporated or Qualified <b>01/09/1995</b>	
4. FEI Number <b>11-3280510</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>8500 Parkline Blvd.</b>	2a. Mailing Address 26
Suite, Apt. #, etc. 22 <b>Suite 100</b>	Suite, Apt. #, etc. 27
City & State 23 <b>Orlando, FL</b>	City & State 28
Zip 24 <b>32809</b>	Country 25 <b>US</b>
Zip 29	Country 30

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 **CORPORATION SERVICE COMPANY**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1201 HAYS STREET**  
 83  
 84 City **TALLAHASSEE** FL 85 Zip Code **32301**

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 *Ernest P. Cordell* Date **4/28/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	SAUNDERS, JOHN H.	
STREET ADDRESS	45025 AVIATION DR, STE 350	
CITY-ST-ZIP	DULLES VA 20166	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	OAKLEY, DAWN E	
STREET ADDRESS	45025 AVIATION DR, STE 350	
CITY-ST-ZIP	DULLES VA 20166	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEASY, PATRICK G	
STREET ADDRESS	45025 AVIATION DR, STE 350	
CITY-ST-ZIP	DULLES VA 20166	
TITLE	DEVP	<input type="checkbox"/> DELETE
NAME	SIDDALL, STUART	
STREET ADDRESS	45025 AVIATION DR, STE 350	
CITY-ST-ZIP	DULLES VA 20166	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *Dawn Elliott Oakley* ASSIST. SEC. Date **4/23/99** Daytime Phone # **703 742-4331**

CR2E034 (11/98)