


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

USA 1004

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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90073 007 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000001902

1. Corporation Name
AIRCRAFT SERVICE INTERNATIONAL GROUP, INC.

Principal Place of Business 8240 NW 52 TERRACE, #200 MIAMI FL 33166-7766	Mailing Address 8240 NW 52 TERRACE, #200 MIAMI FL 33166-7766
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	1815 GRIFFIN RD.	04/02/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		54176#300		65-0822351	
City & State		City & State		Applied For	
23		DANIA, FL		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
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	
C T 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COB <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, GEORGE	1.2 NAME	
STREET ADDRESS	644 SANTA HELENA	1.3 STREET ADDRESS	
CITY-ST-ZIP	SOLANA BEACH CA 92075	1.4 CITY-ST-ZIP	
TITLE	CEOP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWNES, STEPHEN	2.2 NAME	
STREET ADDRESS	318 SCARBOROUGH DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREER SC 29650	2.4 CITY-ST-ZIP	
TITLE	CFO <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, ANDREW	3.2 NAME	
STREET ADDRESS	101 CHELSEA LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREER SC 29650	3.4 CITY-ST-ZIP	
TITLE	EVS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATTS, GEORGE	4.2 NAME	
STREET ADDRESS	6151 SUGAR HILL	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77057	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: George W. Watts DATE: 3/9/99 DAYTIME PHONE: (954) 926-2000

CR2E034 (11/98)