

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

FILED
May 01 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 # L64277 (1)

1. Corporation Name
CONTEMPORARY AIR SERVICE, INC.



Principal Place of Business 1209 Seminola Blvd. CASSELBERRY FL 32707	Mailing Address 1209 Seminola Blvd. CASSELBERRY FL 32707
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 1209 Seminola Blvd	22 N/A	26 1209 Seminola Blvd	27 N/A
City & State Casselberry, FL		City & State Casselberry, FL	
23 Zip 32707	24 Country USA	28 Zip 32707	29 Country USA

3. Date Incorporated or Qualified
04/06/1990

4. FEI Number
59-3009813

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

g. Name and Address of Current Registered Agent

DEFILIPPO, GARY JOHN
237 N.E. TRIPLET DRIVE
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

B5 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	PD	1.1 TITLE
NAME	DE FILIPPO, GARY JOHN	1.2 NAME
STREET ADDRESS	237 NE TRIPLETT DRIVE	1.3 STREET ADDRESS
CITY-ST-ZIP	CASSELBERRY FL	1.4 CITY-ST-ZIP
TITLE	PD	2.1 TITLE
NAME	DE FILIPPO, VINCENT	2.2 NAME
STREET ADDRESS	801 N TRIPLET LAKE DR	2.3 STREET ADDRESS
CITY-ST-ZIP	CASSELBERRY FL	2.4 CITY-ST-ZIP
TITLE		3.1 TITLE
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE		4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
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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 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 alternate front page address.

SIGNATURE: _____

CR2E034 (10/97)

4/22/98 (607) 699-1644