

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

**FILED**  
**May 16 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P36501 (5)**  
 1. Corporation Name  
**STEARNS AIRPORT EQUIPMENT CO., INC.**



Principal Place of Business <b>2525 STEMMONS FRWY DALLAS TX 75207</b>	Mailing Address <b>2525 STEMMONS FRWY DALLAS TX 75207-2401</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>12/03/1991</b>	3a. Date of Last Report <b>05/01/1996</b>
21. Suite, Apt. #, etc.	26. <b>Po Box 35721</b>	4. FEI Number <b>75-2389189</b>	Applied For Not Applicable
22. City & State	27. <b>Dallas TX</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. <b>75235-0721</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. <b>Dallas</b>	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent	
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City
			<b>FL</b>
			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	<b>PRES</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANFORD, JOHN T</b>	1.2 NAME	
STREET ADDRESS	<b>2525 STEMMONS FRWY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEWIS, KENNETH W</b>	2.2 NAME	<b>Controller</b>
STREET ADDRESS	<b>2525 STEMMONS FREEWAY</b>	2.3 STREET ADDRESS	<b>William J. Goodwin</b>
CITY-ST-ZIP	<b>DALLAS TX 75207</b>	2.4 CITY-ST-ZIP	<b>2525 Stemmons Frewy</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PHELPS, F. DEAN</b>	3.2 NAME	
STREET ADDRESS	<b>2525 STEMMONS FREEWAY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHOOP, NEIL O</b>	4.2 NAME	
STREET ADDRESS	<b>2525 STEMMONS FREEWAY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX 75207</b>	4.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHILSON DONALD G</b>	5.2 NAME	<b>S. J.J. French Jr.</b>
STREET ADDRESS	<b>2525 STEMMONS FREEWAY</b>	5.3 STREET ADDRESS	<b>2525 Stemmons Freeway</b>
CITY-ST-ZIP	<b>DALLAS TX</b>	5.4 CITY-ST-ZIP	<b>Dallas, TX 75207</b>
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALLACE, W. RAY</b>	6.2 NAME	
STREET ADDRESS	<b>2525 STEMMONS FREEWAY</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX 75207</b>	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, unchanged, or in an attachment with an address.

**SIGNATURE:** *Dean Phelps* **Dean Phelps** 4/20/97 (214) 589-8291

CR2E034 (9/96)