

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

FILED

**Apr 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 166755 (9)
1. Corporation Name
FLORIDA AVIATION FUELING COMPANY, INC.



Principal Place of Business MIAMI NATIONAL AIRPORT 4720 NW 20 STREET MIAMI FL 33159	Mailing Address P.O. BOX 99-6010 MIAMI FL 33299-6010
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3. Date Incorporated or Qualified 10/15/1951	3a. Date of Last Report 08/26/1996
4. FEI Number 59-0765228	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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		
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	EMERSON, F.G.	
STREET ADDRESS	DIAL CORPORATE CENTER	
CITY-ST-ZIP	PHOENIX AR	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TEETS, J. W.	
STREET ADDRESS	DIAL CORPORATE CENTER	
CITY-ST-ZIP	PHOENIX AR	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BLAUCH, MAURICE, W. II	
STREET ADDRESS	8240 NW 52ND TERR	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STAUFFER, LLOYD M.	
STREET ADDRESS	8240 NW 52 TERR.	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	NELSON, RONALD G.	
STREET ADDRESS	DIAL CORPORATE CENTER	
CITY-ST-ZIP	PHOENIX AZ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PETTIT JR., DAVID R.	
STREET ADDRESS	8240 NW 52ND TERR	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Executive VP. + Genl. Manager	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Torman, Robert	
1.3 STREET ADDRESS	109 Tamerlane	
1.4 CITY-ST-ZIP	Roachtree City, GA 30269	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bohannon, Robert	
2.3 STREET ADDRESS	6819 E. Hummingbird Lane	
2.4 CITY-ST-ZIP	Paradise Valley, AZ 85253	
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 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 if changed, or on an attachment with an address.

SIGNATURE: MAURICE BLAUCH 3/3/97 305-598-1600
DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)