

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 16, 1999 8:00 am  
Secretary of State

03-16-1999 90155 044 \*\*\*150.00

DOCUMENT # 166755

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1951

4. FEI Number

59-0785228

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPGM  
NAME TARMAN, ROBERT  
STREET ADDRESS 109 TAMERLANE  
CITY-ST-ZIP PEACHTREE CITY GA

DELETE

1.1 TITLE PD  
1.2 NAME STEPHEN TOWNES  
1.3 STREET ADDRESS 1815 GRIFFIN ROAD, STE.#300  
1.4 CITY-ST-ZIP DANIA, FL 33004-2252

Change Addition

TITLE D  
NAME BOHANNEN, ROBERT  
STREET ADDRESS 6819 E HUMMINGBIRD LANE  
CITY-ST-ZIP PARADISE VALLEY AZ

DELETE

2.1 TITLE SV  
2.2 NAME GEDRGE WATTS  
2.3 STREET ADDRESS 1815 GRIFFIN ROAD, STE.#300  
2.4 CITY-ST-ZIP DANIA, FL 33004-2252

Change Addition

TITLE VP  
NAME GASSETT, JOHN W  
STREET ADDRESS 8240 NW 52ND TERR  
CITY-ST-ZIP MIAMI FL 33166

DELETE

3.1 TITLE NO CHANGE  
3.2 NAME  
3.3 STREET ADDRESS 1815 GRIFFIN ROAD, STE.#300  
3.4 CITY-ST-ZIP DANIA, FL 33004-2252

Change Addition

TITLE V  
NAME STAUFFER, LLOYD M.  
STREET ADDRESS 8240 NW 52 TERR.  
CITY-ST-ZIP MIAMI FL 33166

DELETE

4.1 TITLE V  
4.2 NAME MICHAEL KRANE  
4.3 STREET ADDRESS 1815 GRIFFIN ROAD, STE.#300  
4.4 CITY-ST-ZIP DANIA, FL 33004-2252

Change Addition

TITLE VT  
NAME NELSON, RONALD G.  
STREET ADDRESS DIAL CORPORATE CENTER  
CITY-ST-ZIP PHOENIX AZ

DELETE

5.1 TITLE V  
5.2 NAME KURTIS GRANGER  
5.3 STREET ADDRESS 1815 GRIFFIN ROAD, STE.#300  
5.4 CITY-ST-ZIP DANIA, FL 33004-2252

Change Addition

TITLE V  
NAME PETTIT JR., DAVID R.  
STREET ADDRESS 8240 NW 52ND TERR  
CITY-ST-ZIP MIAMI FL

DELETE

6.1 TITLE V  
6.2 NAME ROBERT D. SELLAS JR.  
6.3 STREET ADDRESS 1815 GRIFFIN ROAD, STE.#300  
6.4 CITY-ST-ZIP DANIA, FL 33004-2252

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0557557