

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

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Mar 16, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/15/1951

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

ATTN: TAX/TREASURY DEPT.

1815 GRIFFIN ROAD

STE # 300

DANIA, FL

33004-2252

U.S.A.

4. FEI Number 59-0785228	Applied For 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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	VPGM	<input checked="" type="checkbox"/> DELETE
NAME	TARMAN, ROBERT	
STREET ADDRESS	109 TAMERLANE	
CITY-ST-ZIP	PEACHTREE CITY GA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOHANNEN, ROBERT	
STREET ADDRESS	6819 E HUMMINGBIRD LANE	
CITY-ST-ZIP	PARADISE VALLEY AZ	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GASSETT, JOHN W	
STREET ADDRESS	8240 NW 52ND TERR	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	STAUFFER, LLOYD M.	
STREET ADDRESS	8240 NW 52 TERR.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, RONALD G.	
STREET ADDRESS	DIAL CORPORATE CENTER	
CITY-ST-ZIP	PHOENIX AZ	
TITLE	V	<input checked="" 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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STEPHEN TOWNES	
1.3 STREET ADDRESS	1815 GRIFFIN ROAD, STE #300	
1.4 CITY-ST-ZIP	DANIA, FL 33004-2252	
2.1 TITLE	SV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GEORGE WATTS	
2.3 STREET ADDRESS	1815 GRIFFIN ROAD, STE #300	
2.4 CITY-ST-ZIP	DANIA, FL 33004-2252	
3.1 TITLE	NO CHANGE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	1815 GRIFFIN ROAD, STE #300	
3.3 STREET ADDRESS	DANIA, FL 33004-2252	
3.4 CITY-ST-ZIP		
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MICHAEL KRANE	
4.3 STREET ADDRESS	1815 GRIFFIN ROAD, STE #300	
4.4 CITY-ST-ZIP	DANIA, FL 33004-2252	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KURTIS GANBERG	
5.3 STREET ADDRESS	1815 GRIFFIN ROAD, STE #300	
5.4 CITY-ST-ZIP	DANIA, FL 33004-2252	
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Michael Krane DATE: 3/9/99 (954) 926-8289

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)