


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

FILED
May 13 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 # 490147 (6)
 1. Corporation Name
JOHNSON AIR SERVICE, INC.

Principal Place of Business VENETIAN SHORES PLANTATION KEY, P.O. BX 792 TAVERNER FL 33070 US	Mailing Address VENETIAN SHORES PLANTATION KEY, P.O. BX 792 TAVERNER FL 33070 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/19/1975	
2. Principal Place of Business 21	2a. Mailing Address 26
4. FEI Number 59-1633687	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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent JOHNSON, GARY L BAY VIEW ISLE DR VENETIAN SHORES ISLAMORADA FL 33038				10. Name and Address of New Registered Agent			
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83			
84 City		85 FL		86 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD JOHNSON, GARY L	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, GARY L	1.2 NAME	
STREET ADDRESS	BAYVIEW ISLE DR., VENETIAN SHORES	1.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL 33038	1.4 CITY-ST-ZIP	
TITLE	V JOHNSON, SARA ANN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, SARA ANN	2.2 NAME	
STREET ADDRESS	BAY VIEW ISLE DR., VENETIAN SHORES	2.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL 33038	2.4 CITY-ST-ZIP	
TITLE	S JOHNSON, GERALD L	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, GERALD L	3.2 NAME	
STREET ADDRESS	BAY VIEW ISLE DR., VENETIAN SHORES	3.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL 33038	3.4 CITY-ST-ZIP	
TITLE	T JOHNSON, GARY II	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, GARY II	4.2 NAME	
STREET ADDRESS	BAY VIEW ISLE DR., VENETIAN SHORES	4.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL 33038	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 an attachment with a address.

SIGNATURE: *Gary L Johnson* **GARY L JOHNSON** (305) 664-4974 4-28-98

CR2E034 (10/97)