

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

FILED

**Apr 22 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 # 576126 (7)
1. Corporation Name
AERO MAR TRAVEL SERVICE, INC.



Principal Place of Business 115 EAST BROWARD BLVD. FORT LAUDERDALE FL 33301	Mailing Address 115 EAST BROWARD BLVD. FORT LAUDERDALE FL 33301-3502
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3. Date Incorporated or Qualified 06/19/1978	3a. Date of Last Report 02/19/1996
4. FEI Number 59-1829515	Applied For Not Applicable
6. 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 980 Awald Road Suite, Apt. #, etc.	2a. Mailing Address 26 980 Awald Road Suite, Apt. #, etc.
22 City & State 23 Annapolis, MD Zip Country	27 City & State 28 Annapolis, MD Zip Country
24 21403	29 21403 30

9. Name and Address of Current Registered Agent COCHRAN, PETER 115 EAST BROWARD BLVD. FORT LAUDERDALE FL 33301	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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10. Name and Address of New Registered Agent
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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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, CHRIS	1.2 NAME	
STREET ADDRESS	115 EAST BROWARD BLVD.	1.3 STREET ADDRESS	980 Awald Road
CITY - ST - ZIP	FORT LAUDERDALE FL 33301	1.4 CITY - ST - ZIP	Annapolis, MD 21403
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUARNACCIA, LYNDA	2.2 NAME	
STREET ADDRESS	115 EAST BROWARD BLVD.	2.3 STREET ADDRESS	980 Awald Road
CITY - ST - ZIP	FORT LAUDERDALE FL 33301	2.4 CITY - ST - ZIP	Annapolis, MD 21403
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, RUPERT	3.2 NAME	
STREET ADDRESS	115 EAST BROWARD BLVD.	3.3 STREET ADDRESS	980 Awald Road
CITY - ST - ZIP	FORT LAUDERDALE FL 33301	3.4 CITY - ST - ZIP	Annapolis, MD 21403
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCHRAN, PETER	4.2 NAME	
STREET ADDRESS	115 EAST BROWARD BLVD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE FL 33301	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 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 on an attachment with an address.

SIGNATURE: *J. Mortham* **QUOTED** *4/22/97*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/96)