

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 10/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0116891

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 JUL 17 PM 12:16

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 576126 (7)
 1. Corporation Name
AERO MAR TRAVEL SERVICE, INC.



Principal Place of Business: 980 AWALD ROAD, ANNAPOLIS MD 21403, US
 Mailing Address: 980 AWALD ROAD, ANNAPOLIS MD 21403, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 980 AWALD ROAD
 Suite, Apt. #, etc. 22 SUITE 302
 City & State 23 ANNAPOLIS MD
 Zip 24 21403 Country 25 USA

2a. Mailing Address
 26 980 AWALD ROAD
 Suite, Apt. #, etc. 27 SUITE 302
 City & State 28 ANNAPOLIS MD
 Zip 29 21403 Country 30 USA

3. Date Incorporated or Qualified: 06/19/1978
 4. FEI Number: 59-1829515
 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
~~COCHRAN, PETER
 115 EAST BROWARD BLVD.
 FORT LAUDERDALE FL 33301~~

10. Name and Address of New Registered Agent
 81 Name: CORPORATION SERVICE COMPANY
 82 Street Address (P.O. Box Number is Not Acceptable):
 83 1201 HAYS STREET
 84 City: TALAHASSEE FL 85 Zip Code: 32301

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: Deborah A. Skipper as agent DATE: 7-17-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GORDON, CHRIS	
STREET ADDRESS	98 AWALD ROAD	
CITY-ST-ZIP	ANNAPOLIS MD	
TITLE	DD	<input checked="" type="checkbox"/> DELETE
NAME	GUARNAGLIA, LYNDIA	
STREET ADDRESS	980 AWALD ROAD	
CITY-ST-ZIP	ANNAPOLIS MD	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GREEN, RUPERT	
STREET ADDRESS	980 AWALD ROAD	
CITY-ST-ZIP	ANNAPOLIS MD	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COCHRAN, PETER	
STREET ADDRESS	115 EAST BROWARD BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	400002595874 -- 1
1.4 CITY-ST-ZIP	-07/22/98--01087--015 *****558.75 *****558.75
2.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SCOT WEST
2.3 STREET ADDRESS	980 AWALD ROAD, SUITE 302
2.4 CITY-ST-ZIP	ANNAPOLIS MD 21403
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 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.

SIGNATURE: *SCOT WEST* SECRETARY 7/15/98 (410)-280 2553

CR2E034 (5/98)