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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 26 1997 8:00am  
Secretary of State

DOCUMENT # **835551** (3)

1. Corporation Name

**WALKER'S AVIATION SERVICES, INC.**

Principal Place of Business

**700 SW 34TH STREET  
POST OFFICE BOX 309  
FT LAUDERDALE FL 33315**

Mailing Address

**700 SW 34TH STREET  
POST OFFICE BOX 309  
FT LAUDERDALE FL 33315-3606**



3. Date Incorporated or Qualified

**12/08/1975**

3a. Date of Last Report

**03/25/1996**

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH 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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

By the Registered Agent or Secretary of the corporation and filed as applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>WELCH, ANDREW</b>	
STREET ADDRESS	<b>433 NE 11TH AVE</b>	
CITY-STATE-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>ARPLANALP, JOHN P</b>	
STREET ADDRESS	<b>700 NEPPERHAN AVENUE</b>	
CITY-STATE-ZIP	<b>YONKERS NY</b>	
TITLE	<b>GM</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDERSON, FLEMING</b>	
STREET ADDRESS	<b>700 NEPPERHAN AVE.</b>	
CITY-STATE-ZIP	<b>YONKERS NY</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>GRIFFIN, WILLIAM E</b>	
STREET ADDRESS	<b>700 NEPPERHAN AVENUE</b>	
CITY-STATE-ZIP	<b>YONKERS, NY 10703</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ABPLANALP, ROBERT H</b>	
STREET ADDRESS	<b>700 NEPPERHAN AVENUE</b>	
CITY-STATE-ZIP	<b>YONKERS, NY 10703</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BODDY, DAVID</b>	
STREET ADDRESS	<b>700 NEPPERHAN AVENUE</b>	
CITY-STATE-ZIP	<b>YONKER NY 10703</b>	

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	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 included 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0274728

CR2E034 (9/96)