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**Mar 26 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

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**

4. FEI Number: **13-2628501**

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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address

27. State, Apt. #, etc.

28. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

B1. Name

B2. Street Address (P.O. Box Number is Not Acceptable)

B3.

B4. City

B5. Zip Code: **FL**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, ANDREW	1.2 NAME	
STREET ADDRESS	433 NE 11TH AVE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	FT LAUDERDALE FL	1.4 CITY-STATE-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARPLANALP, JOHN P	2.2 NAME	
STREET ADDRESS	700 NEPPERHAN AVENUE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	YONKERS NY	2.4 CITY-STATE-ZIP	
TITLE	GM	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, FLEMING	3.2 NAME	
STREET ADDRESS	700 NEPPERHAN AVE.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	YONKERS NY	3.4 CITY-STATE-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, WILLIAM E	4.2 NAME	
STREET ADDRESS	700 NEPPERHAN AVENUE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	YONKERS, NY 10703	4.4 CITY-STATE-ZIP	
TITLE	P	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABPLANALP, ROBERT H	5.2 NAME	
STREET ADDRESS	700 NEPPERHAN AVENUE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	YONKERS, NY 10703	5.4 CITY-STATE-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BODDY, DAVID	6.2 NAME	
STREET ADDRESS	700 NEPPERHAN AVENUE	6.3 STREET ADDRESS	
CITY-STATE-ZIP	YONKER NY 10703	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; 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: *Fleming Anderson* DATE: **3/16/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0274728

CP2E034 (9/96)