

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

FILED
Feb 25 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 # 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

3. Date Incorporated or Qualified 12/08/1975	
4. FEI Number 13-2628501	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 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 types for printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V WELCH, ANDREW	<input type="checkbox"/> DELETE	11 TITLE
NAME	433 NE 11TH AVE		12 NAME
STREET ADDRESS	FT LAUDERDALE FL		13 STREET ADDRESS
CITY-ST-ZIP			14 CITY-ST-ZIP
TITLE	V ^B ABLANALP, JOHN P	<input type="checkbox"/> DELETE	21 TITLE
NAME	700 NEPPERHAN AVENUE		22 NAME
STREET ADDRESS	YONKERS NY		23 STREET ADDRESS
CITY-ST-ZIP			24 CITY-ST-ZIP
TITLE	GM ANDERSON, FLEMING	<input type="checkbox"/> DELETE	31 TITLE
NAME	700 NEPPERHAN AVE.		32 NAME
STREET ADDRESS	YONKERS NY		33 STREET ADDRESS
CITY-ST-ZIP			34 CITY-ST-ZIP
TITLE	SD GRIFFIN, WILLIAM E	<input type="checkbox"/> DELETE	41 TITLE
NAME	700 NEPPERHAN AVENUE		42 NAME
STREET ADDRESS	YONKERS, NY 10703		43 STREET ADDRESS
CITY-ST-ZIP			44 CITY-ST-ZIP
TITLE	P ABLANALP, ROBERT H	<input type="checkbox"/> DELETE	51 TITLE
NAME	700 NEPPERHAN AVENUE		52 NAME
STREET ADDRESS	YONKERS, NY 10703		53 STREET ADDRESS
CITY-ST-ZIP			54 CITY-ST-ZIP
TITLE	D BODDY, DAVID	<input type="checkbox"/> DELETE	61 TITLE
NAME	700 NEPPERHAN AVENUE		62 NAME
STREET ADDRESS	YONKER NY 10703		63 STREET ADDRESS
CITY-ST-ZIP			64 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 on an attachment with an address.

SIGNATURE: *[Handwritten Signature]*

Jan 5, 1998

CF2E034 (10/97)