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FILED
Feb 17, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-17-1999 90092 050 ****150.00

DOCUMENT # 835551

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

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 12/08/1975
 4. FEI Number: 13-2628501
 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 the current year Intangible Personal Property Tax: Yes 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 (81-85)
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code: FL

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
 TITLE [] DELETE
 NAME: V WELCH, ANDREW
 STREET ADDRESS: 433 NE 11TH AVE
 CITY-ST-ZIP: FT LAUDERDALE FL
 TITLE [] DELETE
 NAME: V ABLANALP, JOHN P
 STREET ADDRESS: 700 NEPPERHAN AVENUE
 CITY-ST-ZIP: YONKERS NY
 TITLE [] DELETE
 NAME: GM ANDERSEN, FLEMING
 STREET ADDRESS: 700 NEPPERHAN AVE.
 CITY-ST-ZIP: YONKERS NY
 TITLE [] DELETE
 NAME: SD GRIFFIN, WILLIAM E
 STREET ADDRESS: 700 NEPPERHAN AVENUE
 CITY-ST-ZIP: YONKERS, NY 10703
 TITLE [] DELETE
 NAME: P ABPLANALP, ROBERT H
 STREET ADDRESS: 700 NEPPERHAN AVENUE
 CITY-ST-ZIP: YONKERS, NY 10703
 TITLE [] DELETE
 NAME: D BODDY, DAVID
 STREET ADDRESS: 700 NEPPERHAN AVENUE
 CITY-ST-ZIP: YONKER NY 10703

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE [] Change [] Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
 2.1 TITLE [] Change [] Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
 3.1 TITLE [] Change [] Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
 4.1 TITLE [] Change [] Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
 5.1 TITLE [] Change [] Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE [] Change [] 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)(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, with all other like empowered.

SIGNATURE: _____ DATE: 1/19/99 DAYTIME PHONE #: 954 359 1427
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)