

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathias
Secretary of State
1995

FILED
SECRETARY OF STATE
CORPORATIONS
90 FEB 15 PM 3:06

DOCUMENT # F94000001388 (7)

1. Corporation Name
SPIRIT AIRLINES, INC.

Principal Place of Business
18121 E. EIGHT MILE RD.
SUITE 100
EASTPOINTE MI 48021

(PLEASE WRITE IN INK OR GEL)

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

3. Effective Date of Report	3a. Date of Last Report
03/18/1994	-
4. FEI Number	Applied For
XXXXXXXXXX 38-1747023	Not Applicable
5. Certificate of Status Desired	XX \$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 has liability for intangible tax under S. 193.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

01	Name
02	Street Address (P.O. Box Number is Not Acceptable)
03	
04	City
FL	05 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: _____

12. OFFICERS AND DIRECTORS

12.1	NAME	PSD HOMFELD, EDWARD W
12.2	STREET ADDRESS	18121 E. EIGHT MILE RD.
12.3	CITY, ST, ZIP	EASTPOINTE MI 48021
12.4	NAME	VT ASAI, DAVID W
12.5	STREET ADDRESS	18121 E. EIGHT MILE RD.
12.6	CITY, ST, ZIP	EASTPOINTE MI 48021
12.7	NAME	
12.8	STREET ADDRESS	
12.9	CITY, ST, ZIP	
12.10	NAME	
12.11	STREET ADDRESS	
12.12	CITY, ST, ZIP	
12.13	NAME	
12.14	STREET ADDRESS	
12.15	CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	STREET ADDRESS		
13.3	CITY, ST, ZIP		
13.4	NAME	V Jeffrey P. Tottis	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.5	STREET ADDRESS	18121 E. Eight Mile Road, Suite 100	
13.6	CITY, ST, ZIP	Eastpointe, MI 48021	
13.7	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8	STREET ADDRESS		
13.9	CITY, ST, ZIP		
13.10	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11	STREET ADDRESS		
13.12	CITY, ST, ZIP		
13.13	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	STREET ADDRESS		
13.15	CITY, ST, ZIP		

14. I, the undersigned, certify that the information provided with this filing is a true and correct statement of the facts as they exist on the date of filing. I am a resident of the State of Florida and I am qualified to file this report. I am a resident of the State of Florida and I am qualified to file this report. I am a resident of the State of Florida and I am qualified to file this report. I am a resident of the State of Florida and I am qualified to file this report.

SIGNATURE: _____

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