

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000006202 (4)**

1. Corporation Name
LAKER AIRWAYS INC.

Principal Place of Business 6261 NW 6TH WAY #201 FT LAUDERDALE FL 33309	Mailing Address 6261 NW 6TH WAY #201 FT LAUDERDALE FL 33309
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1995	3a. Date of Last Report 03/19/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0616254	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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 C T 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	A
NAME	IVERSEN, ROBERT S	1.2 NAME	James B. Kenney
STREET ADDRESS	31 S. COMPASS DR.	1.3 STREET ADDRESS	6261 N.W. 6th Way #201
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	V	2.1 TITLE	
NAME	FOSTER, JAMES V	2.2 NAME	
STREET ADDRESS	1251 S.W. 130TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	VALLIAPPAN, JODHI	3.2 NAME	
STREET ADDRESS	15103 TATTENSHALL TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	BECKMAN, ROBERT M	4.2 NAME	
STREET ADDRESS	2300 N STREET, N.W. STE 725	4.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	WYATT JR, OSCAR S	5.2 NAME	
STREET ADDRESS	1620 RIVER OAKS BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	FREITSCH, HERMAN M	6.2 NAME	
STREET ADDRESS	3002 QUENBY	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	6.4 CITY-ST-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 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:

[Signature] **JAMES B. KENNEY**

9/10/97

954-202-0400

CR2E034 (4/97)