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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 🛰

Secretary of State DIVISION OF CORPORATIONS

1998

F9600000799 (4)

DOCUMENT # AIRPORT INFORMATION SYSTEMS, INC.

Principal Place of Business

Mailing Address

FILED Apr 07 1998 8:00am Secretary of State



1935 6TH ST CHAMBLEE GA 30341		1935 6TH ST CHAMBLEE GA 30341		DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualified	
					02/16/1996	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26		26			58-1655093	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Counti	у	This corporation owes or has paid the cu	
24	25 29 30		30	Personal Property Tax due June 30. Yos No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent
	CORPORATION SYSTEM		81	Name		
1200 SOUTH PINE ISLAND ROAD			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
16 PU	ANTATION FL 33324		83	<u> </u>		
			84	l Cit.		1221 20 0
				1 "	FL	85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Sta	502 and 607.1508, Florida Statute te of Florida. Such change was a	es, the aboving the state of th	e-named cor by the corpora	rporation submits this statement for the purpose cation's board of directors. Thereby account the app	of changing its registered
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 a					
12.	1	ND DIRECTORS (NOTE	13.	jont signature requ	PIECE WHO reinstaling) DATE	D DIDECTORO IN 40
TITLE	PD	DELETE	1,1 Trile		ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	PHILLIPS, DIANE	CJ Dearie	1.2 NAME			C cusude C wontion
STREET ADDRESS	1935 6TH ST			T ADDRESS		
CITY-ST-ZIP	CHAMBLEE GA 30341		1.4 CITY-	į.		ļi,
TITLE	Ď	DELETE 2.1 TI		37 EII		Change Addition
NAME	COREY, WILLIAM E	2.2 N/				
STREET ADDRESS	ADDE ATTLEST			1 ADDRESS		
CITY-ST-ZIP	CHAMBLEE GA 30341	NET 04 00044		ST-ZIP		
TITLE	V	DELETE 3.1 TO		<u></u>		Change Addition
NAME	HARRELL, RICHARD		3.2 NAME			1
STREET ADDRESS	1935 6TH ST		3 3 STREE	I ADDRESS		4
CITY-ST-ZIP	CHAMBLEE GA 30341		3 4. CITY -	\$1-7IP		
TITLE	\$ T	DELETE	4.1 TITLE			Changeidition
NAME	BANKS, ANGELIA L		4. 2 NAME			
STREET ADDRESS	1935 6TH ST		4.3 STREET	ADDRESS		
CITY-\$T-ZIP	CHAMBLEE GA 30341		4.4 CHY-5	ST - ZIP		
TITLE		DELFTE	5.1 TITLE			Change dition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		Ţ
CITY-ST-ZIP			5.4 CITY - 5	61 - 7IP		T
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREET	ADDRESS		
CITY-ST-ZIP	-		6.4 CHY-S	57- 2 1P		

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 flustee 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.