


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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H34339 (2) 1. Corporation Name AVIATION & AIR TRANSPORTATION SERVICES, INC.					
Principal Place of Business 1287 TURNBERRY CT ROCKLEDGE, FL (32955) PO BOX 698 COCOA FL 32923-7898			Mailing Address 1287 TURNBERRY CT ROCKLEDGE, FL (32955) PO BOX 698 COCOA FL 32923-7898		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/12/1984	
Suite, Apt. #, etc		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2478592	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		8	
Country		Country		Trust Fund Contribution	
25		30		8	
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Country		Country		8	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	
12/12/1984	
4. FEI Number	Applied For
59-2478592	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 or has paid the current year Intangible Personal Property Tax due June 30.	
Yes No	
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
FL	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	
NAME	BADGER, DONALD A.	1.2 NAME	
STREET ADDRESS	1287 TURNBERRY COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	
NAME	BADGER, DALE E.	2.2 NAME	
STREET ADDRESS	1287 TURNBERRY COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *DA Badger* DONALD A. BADGER President 04/28/98 407 636 2849

CR2E034 (10/97)