

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

FILED

Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H74739 (4)
1. Corporation Name
FLORIDA AIR CENTER, INC.

Principal Place of Business
4010 FOURTH AVE.
KISSIMMEE FL 34741

Mailing Address
4010 FOURTH AVE.
KISSIMMEE FL 34741



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	9,110 OGILVIE DR, ORL, 32819	09/06/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2298954	
City & State		City & State		5. Certificate of Status Desired	
23		28 ORLANDO, FLORIDA		CR, 2403 & CR 2404 Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		32819		Trust Fund Contribution	
Country		Country		7. This corporation owes or has paid the current year Intangible	
25		ORANGE		Personal Property Tax due June 30.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PERRY, ALLISON 9110 OGILVIE DRIVE ORLANDO FL 32819		81 Name PERRY, ALLISON S. JR.	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		9,110 OGILVIE DRIVE	
		83	
		84 City ORLANDO	
		FL 85 Zip Code 32819	

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 *Allison S. Perry, Jr.* ALLISON S. PERRY, JR. 02-04-98
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	
NAME	PERRY, ALLISON S., JR.	1.2 NAME	
STREET ADDRESS	9110 OGILVIE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	CPD	2.1 TITLE	
NAME	DEBEVOISE CHARLES	2.2 NAME	
STREET ADDRESS	5015 GARDEN GATE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	VASSAR, TOM	3.2 NAME	
STREET ADDRESS	3320 CHAROW LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	COOPER RAY PERRY	4.2 NAME	
STREET ADDRESS	163 DEVONWOOD WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	4.4 CITY-ST-ZIP	
TITLE	ASDT	5.1 TITLE	
NAME	PERRY CORDELIA FORBES	5.2 NAME	
STREET ADDRESS	9110 OGILVIE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	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: *Allison S. Perry, Jr.* 02-04-98 1(407)351-2688

CR2E034 (10/97)