


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

FILED  
May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J03679 (4)			
1. Corporation Name AIRLINE SERVICE PARTS, INC.			
Principal Place of Business 2211 NE 15 COURT FT. LAUDERDALE FL 33304 US		Mailing Address 2211 NE 15 COURT FT LAUDERDALE FL 33304-1417 US	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip		Zip	
24		29	
Country		Country	
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DIDOMENICO, LEON 2211 NE 15 COURT FT LAUDERDALE FL 33304		B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 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: <i>Leon Didomenico</i>		DATE: 4-25-97	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: DIDOMENICO, LEON STREET ADDRESS: 2211 NE 15 COURT CITY-ST-ZIP: FT LAUDERDALE FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE: VPD NAME: DIDOMENICO, CAROL STREET ADDRESS: 2211 NE 15 COURT CITY-ST-ZIP: FT. LAUDERDALE FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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: <i>Leon Didomenico</i>		DATE: 4-25-97 954-563-9060	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)