

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L85336** (0)

1. Corporation Name

PACIFIC AIRLINE SUPPORT CORPORATION



Principal Place of Business

**1100 N.W. 54TH STREET
FT. LAUDERDALE FL 33315
US**

Mailing Address

**1100 N.W. 54TH STREET
FT. LAUDERDALE FL 33315
US**

3. Date Incorporated or Qualified

06/29/1990

3a. Date of Last Report

01/30/1995

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

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAUTTER, C CHRISTIAN
200 E LAS OLAS BLVD
SUITE 1900
FT LAUDERDALE FL 33301**

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

Signature, typed or printed name of registered agent and the applicable date (NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DITMAR, TODD S.	
STREET ADDRESS	1100 N.W. 54TH STREET	
CITY - ST - ZIP	FT. LAUDERDALE FL 33315	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHIANG, SIMON	
STREET ADDRESS	1100 N.W. 54TH STREET	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MASH, CHRISTOPHER	
STREET ADDRESS	1100 N.W. 54TH STREET	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GEIS, KATHRYN	
STREET ADDRESS	1100 NW 54TH STREET	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT & DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	CHIANG, SIMON	
13 STREET ADDRESS	1100 N.W. 54th STREET	
14 CITY - ST - ZIP	FT. LAUDERDALE, FL 33309	
21 TITLE	VICE PRESIDENT & DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	WONG, JUDY	
23 STREET ADDRESS	1100 N.W. 54th STREET	
24 CITY - ST - ZIP	FT. LAUDERDALE, FL 33309	
31 TITLE	SECRETARY & TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	GEIS, KATHRYN	
33 STREET ADDRESS	1100 N.W. 54th STREET	
34 CITY - ST - ZIP	FT. LAUDERDALE, FL 33309	
41 TITLE	CHIEF-EXECUTIVE OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	WALDEN, LINDA J.	
43 STREET ADDRESS	1100 N.W. 54th STREET	
44 CITY - ST - ZIP	FT. LAUDERDALE, FL 33309	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 1996

(954) 728-3416

CR2E034 (12/95)