

4-9-98 B4358 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 09 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 # P09817 (8)
 1. Corporation Name
WORLD AIRWAYS, INC.



Principal Place of Business 13873 PARK CENTER ROAD, SUITE 490 HERNDON VA 22071	Mailing Address 13873 PARK CENTER ROAD, SUITE 490 HERNDON VA 22071
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/17/1986	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 94-1358276	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25		25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24		24		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	CD	1.1 TITLE	PD
NAME	ANDREWS, T. COLEMAN, III	1.2 NAME	Russell Ray Jr.
STREET ADDRESS	13873 PARK CENTER ROAD, SUITE 490	1.3 STREET ADDRESS	13873 Park Center Road, Suite 409
CITY-ST-ZIP	HERNDON VA 22071	1.4 CITY-ST-ZIP	Herndon, VA 22071
TITLE	SV	2.1 TITLE	D
NAME	FORT, VANCE	2.2 NAME	John C. Backus Jr.
STREET ADDRESS	13873 PARK CENTER ROAD, SUITE 490	2.3 STREET ADDRESS	13873 Park Center Road, Suite 409
CITY-ST-ZIP	HERNDON VA	2.4 CITY-ST-ZIP	Herndon, VA 22071
TITLE	V	3.1 TITLE	D
NAME	LYNCH, MARK S	3.2 NAME	Peter M. Sontag
STREET ADDRESS	13873 PARK CENTER RD STE 490	3.3 STREET ADDRESS	13873 Park Center Road, Suite 409
CITY-ST-ZIP	HERNDON VA	3.4 CITY-ST-ZIP	Herndon, VA 22071
TITLE	VD	4.1 TITLE	D
NAME	KHATIB, AHMAD M.	4.2 NAME	A. Scott Andrews
STREET ADDRESS	13873 PARK CENTER ROAD, SUITE 490	4.3 STREET ADDRESS	13873 Park Center Road, Suite 409
CITY-ST-ZIP	HERNDON VA 22071	4.4 CITY-ST-ZIP	Herndon, VA 22071
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: _____

CR2E034 (10/97)