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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90202 015 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P09817**
 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	04/17/1986	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	94-1358276	
24	Country	29	Country	Applied For	
		30		Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	CFO	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ANDREWS, T. COLEMAN, III		1.2 NAME	Gilberto M. Duarte, Jr.			
STREET ADDRESS	13873 PARK CENTER ROAD, SUITE 490		1.3 STREET ADDRESS	13873 Park Center Road, Suite 490			
CITY-ST-ZIP	HERNDON VA 22071		1.4 CITY-ST-ZIP	Herndon, VA 20171			
TITLE	SV	<input type="checkbox"/> DELETE	2.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FORT, VANCE		2.2 NAME				
STREET ADDRESS	13873 PARK CENTER ROAD, SUITE 490		2.3 STREET ADDRESS				
CITY-ST-ZIP	HERNDON VA 22071		2.4 CITY-ST-ZIP	20171			
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SONTAG, PETER M.		3.2 NAME				
STREET ADDRESS	13873 PARK CENTER RD STE 490		3.3 STREET ADDRESS				
CITY-ST-ZIP	HERNDON VA 22071		3.4 CITY-ST-ZIP	20171			
TITLE	VD	<input type="checkbox"/> DELETE	4.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KHATIB, AHMAD M.		4.2 NAME				
STREET ADDRESS	13873 PARK CENTER ROAD, SUITE 490		4.3 STREET ADDRESS				
CITY-ST-ZIP	HERNDON VA 22071		4.4 CITY-ST-ZIP	20171			
TITLE	PD	<input type="checkbox"/> DELETE	5.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RAY, RUSSELL JR.		5.2 NAME				
STREET ADDRESS	13873 PARKCENTER ROAD, STE 409		5.3 STREET ADDRESS				
CITY-ST-ZIP	HERNDON VA 22071		5.4 CITY-ST-ZIP	20171			
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BACKUS, JOHN C. JR.		6.2 NAME				
STREET ADDRESS	13873 PARK CENTER RD, STE 490		6.3 STREET ADDRESS				
CITY-ST-ZIP	HERNDON VA 22071		6.4 CITY-ST-ZIP	20171			

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, with all other like empowered.

SIGNATURE: _____ DATE: 4/12/99

CR2E034 (11/98)