

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

FILED
May 13 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 # P20101 (2)
1. Corporation Name
INFLIGHT DUTY FREE SHOP, INC.

Principal Place of Business
6691 BAYMEADOW DRIVE
GLEN BURNIE MD 21060
US

Mailing Address
6691 BAYMEADOW DRIVE
GLEN BURNIE MD 21060
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/18/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-3333615	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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	
THE PRENTICE-HALL CORPORATION SYSTEMS INC 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT	1.1 TITLE	V D
NAME	DHARMAGUNARATNE, TISSA	1.2 NAME	JOHN EDMONDSON
STREET ADDRESS	215 LEXINGTON AVENUE	1.3 STREET ADDRESS	17 EQUESTRIAN RIDGE RD
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	NENTOWN, CT
TITLE	POCO	2.1 TITLE	P
NAME	CATHEY, PETER	2.2 NAME	
STREET ADDRESS	63 COPPS HILL ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIDGEFIELD CT	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	V
NAME	BISHOP, JUDI	3.2 NAME	
STREET ADDRESS	63 COPPS HILL ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIDGEFIELD CT	3.4 CITY-ST-ZIP	
TITLE	ASD	4.1 TITLE	S
NAME	EGAN, GERALD	4.2 NAME	LAWRENCE CAPUTO
STREET ADDRESS	63 COPPS HILL RD	4.3 STREET ADDRESS	35 OLD WASHINGTON RD
CITY-ST-ZIP	RIDGEFIELD CT	4.4 CITY-ST-ZIP	RIDGEFIELD, CT
TITLE	ASCD	5.1 TITLE	
NAME	CARFORA, ALFRED	5.2 NAME	
STREET ADDRESS	63 COPPS HILL RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	RIDGEFIELD CT	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	T
NAME		6.2 NAME	KENNETH HINKLE II
STREET ADDRESS		6.3 STREET ADDRESS	161 OAK HILLS DR
CITY-ST-ZIP		6.4 CITY-ST-ZIP	HANOVER, PA 17331

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:  KENNETH HINKLE II
4/22/98 4/14-287-1414

CR2E034 (10/97)