PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Apr 30, 1999 8:00 am
Secretary of State
04-30-1999 90013 038 ***150.00

DOCUMENT # P20101

1. Corporation Name

~~INFLIGHT DUTY FREE SHOP, INC.~~

WORLD DUTY FREE INFLIGHT, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
07/18/1988

4. FEI Number
13-3333615

Applied For
Not Applicable

5. Certifcate of Status Desired ☐   **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐   **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.   ☒ Yes   ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEMS INC
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 title if applicable.
(NOTE: Registered Agent signature required when reinstating)
DATE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE VD ☒ DELETE NAME EDMONDSON, JOHN STREET ADDRESS 17 EQUESTRIAN RIDGE CITY-ST-ZIP NEWTOWN CT	1.1 TITLE DIRECTOR, CEO, PRESIDENT ☐ Change ☒ Addition 1.2 NAME STEVE LONGDON 1.3 STREET ADDRESS LITTLEWOOD, PYLE HILL 1.4 CITY-ST-ZIP SUTTON GREEN NR WOCKING SURREY GU220S U.K.
TITLE P ☐ DELETE NAME CATHEY, PETER STREET ADDRESS 63 COPPS HILL ROAD CITY-ST-ZIP RIDGFIELD CT	2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE V ☐ DELETE NAME BISHOP, JUDI STREET ADDRESS 63 COPPS HILL ROAD CITY-ST-ZIP RIDGEFIELD CT	3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE S ☐ DELETE NAME CAPUTO, LAWRENCE STREET ADDRESS 35 OLD WASHINGTON RD CITY-ST-ZIP RIDGEFIELD CT	4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE ASCD ☒ DELETE NAME CARFORA, ALFRED STREET ADDRESS 63 COPPS HILL RD. CITY-ST-ZIP RIDGEFIELD CT	5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE T ☐ DELETE NAME HINKLE, II KENNETH STREET ADDRESS 161 OAK HILLS DR CITY-ST-ZIP HANOVER PA 17331	6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4-20-99
Daytime Phone # 410-787-1414

CR2E034 (11/98)