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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P20101 1. Corporation Name

INFLIGHT DUTY FREE SHOP, INC.

INFLIGHT, INC. WORLD DUTY FREE Principal Place of Business Mailing Address

6691 BAYMEADO GLEM BURNIE I US		6691 BAYMEADOW DRIVE GLEN BURNIE MD 21060 US			DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed 07/18/1988	SPACE			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For		
21		26			13-3333615		Not Applicabl		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.7	5 Additional		
22		27			5. Certificate of Status Desired	Fee	e Required		
City & State		City & State	_,,_		6. Election Campaign Financing				
23		28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip .	Countr	у	This corporation owes the current year Int	8. This corporation owes the current year Intangible			
24	25	29 3	30		Personal Property Tax. X Yes No				
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent			
		0.4255140 1110	81	l Name	1				
	PRENTICE-HALL CORPORATION	SYSTEMS INC	82	2 Street	t Address (P.O. Box Number is Not Acceptable)				
	HAYS STREET								
SUITE 105				3					
TALL	AHASSEE FL 32301		84	4 City	FL	85 2	Zip Code		
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		13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRE	CTORS IN 12		
TITLE	VD	DELETE	1.1 TITLE		DIRECTOR, CEO, PRESIDENT	Char	nge 🗶 Additi		
NAME	EDMONDSON, JOHN	·	1.2 NAME		STEVE LONGDON				
STREET ADDRESS	17 EQUESTRIAN RIDGE		1.3 STRE	ET ADDRESS	LITTLEWOOD, PYLE HILL				
CITY-ST-ZIP	NEWTOWN CT		1.4 CITY-	ST-ZIP	SUTTON GREEN NE WORKING SURREY	GU	aaos u.k		
TITLE	P	☐ DELETE	2.1 TITLE			Char	nge 🗌 Additi		
NAME	CATHEY, PETER		2.2 NAME						
STREET ADDRESS	63 COPPS HILL ROAD		2.3 STRE	ET ADDRESS	s				
CITY-ST-ZIP	RIDGFIELD CT		2. 4 CITY-	ST-ZIP	· ·				
TITLE	V	☐ DELETE	3.1 TITLE			☐ Char	nge 🗌 Additi		
NAME	BISHOP, JUDI		3.2 NAME						
STREET ADDRESS	63 COPPS HILL ROAD		3.3 STREE	ET ADDRESS	S				
CITY-ST-Z#P	RIDGEFIELD CT		3.4. CITY-	ST-ZIP_					
TITLE	S	☐ DELETE	4.1 TITLE			Chai	nge		
NAME	CAPUTO, LAWRENCE		4. 2 NAME	Ē					
STREET ADDRESS	35 OLD WASHINGTON RD		4.3 STRE	ET ADDRESS	s				
CITY-ST-ZIP	RIDGEFIELD CT		4.4 CITY-	ST-ZIP					
TITLE	ASCD	DELETE	5.1 TITLE			Chai	inge		
NAME	CARFORA, ALFRED		5.2 NAME						
STREET ADORESS	63 COPPS HILL RD.			ET ADDRESS	S				
CITY-ST-ZIP	RIDGEFIELD CT		5.4 CITY-				1000 F A-1-24		
TITLE	T	☐ DELETE	6.1 TITLE			☐ Cha	inge 🔲 Addit		

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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

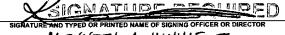
NAME

STREET ADDRESS

CITY-ST-ZIP

HINKLE, II KENNETH

161 OAK HILLS DR



410-787-1414 Daytime Phone #