


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

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90073 007 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000025569

1. Corporation Name
DENTON AVIATION SERVICES, INC.



Principal Place of Business
1704 PARADISE DRIVE
KISSIMMEE FL 34741
7919 THURMOND CT.
ORL. FL. 32817

Mailing Address
1704 PARADISE DRIVE
KISSIMMEE FL 34741

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7919 THURMOND COURT Suite, Apt. #, etc. 22 City & State 23 ORLANDO FLORIDA Zip 24 32817 Country 25 ORANGE		2a. Mailing Address 26 P.O. Box 4095 Suite, Apt. #, etc. 27 City & State 28 WINTER PARK, FLORIDA Zip 29 32793 Country 30 ORANGE		3. Date Incorporated or Qualified 04/01/1993	
		4. FEI Number 59-3189183		Applied For 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 checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

DENTON, JOHN W
1704 PARADISE DRIVE
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name DENTON JOHN W
82 Street Address (P.O. Box Number is Not Acceptable) 7919 THURMOND COURT
83
84 City ORLANDO
85 Zip Code FL 32817

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 NAME STREET ADDRESS CITY-ST-ZIP	S NADYA ESTRELLA DENTON 1704 PARADISE DR KISS FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	S DENTON NADYA ESTRELLA 7919 THURMOND COURT ORLANDO FL. 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DENTON, DAVID W. 912 RIVECON AVE ORLANDO FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V DENTON DAVID W 4208 FAIRWAY RUN TAMPA FL. 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  JOHN W. DENTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/99 407-673-0758

CR2E034 (11/98)