

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

FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mertham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000039644 (7)
1. Corporation Name
PRIVATE AIRPORT SERVICE, INC.

Principal Place of Business

Mailing Address

11882 SE TIFFANY WAY
TEQUESTA FL

11882 SE TIFFANY WAY
TEQUESTA FL



DO NOT WRITE IN THIS SPACE

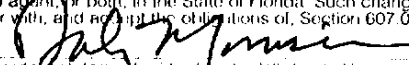
2. Principal Place of Business	2a. Mailing Address
21 309 N.E. 1ST STREET Suite, Apt. #, etc.	26 POST OFFICE BOX 3060 Suite, Apt. #, etc.
22 City & State 23 DELRAY BEACH, FL	27 City & State 28 TEQUESTA FL
24 Zip 33483	29 Zip 33469
25 Country	30 Country

3. Date Incorporated or Qualified 05/23/1994	4. FEI Number 65-0496319	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 or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
GRIBBEN, JOHN A
11882 SE TIFFANY WAY
TEQUESTA FL

10. Name and Address of New Registered Agent
81 Name DALE MORRISON
82 Street Address (P.O. Box Number is Not Acceptable) 309 NE 1ST STREET
83
84 City DELRAY BEACH FL
85 Zip Code 33483

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  DATE 2/10/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PT
NAME	GRIBBEN, JOHN A
STREET ADDRESS	11882 SE TIFFANY WAY P.O. Box 3060
CITY-ST-ZIP	TEQUESTA FL
TITLE	VS
NAME	GRIBBEN, DONNA C
STREET ADDRESS	11882 SE TIFFANY WAY P.O. Box 3060
CITY-ST-ZIP	TEQUESTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	PO Box 3060 (N/A)
1.4 CITY-ST-ZIP	TEQUESTA FL (N/A)
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	PO Box 3060 (N/A)
2.4 CITY-ST-ZIP	TEQUESTA FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 attached document with an address.

SIGNATURE: 

CR2E034 (10/97)