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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000049898 (7)

AIRLINE SYSTEMS & SERVICES, INC. Principal Place of Business Mailing Address 7289 GARDEN ROAD 7289 GARDEN ROAD SUITE 200 SUITE 200 DO NOT WRITE IN THIS SPACE WEST PALM BEACH FL 33404 WEST PALM BEACH FL 33404 3. Date Incorporated or Qualified 06/30/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0516367 21 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt #, etc 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. ☐ Yes 24 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name FRADLEY, DONALD S 27 PENNOCK LANE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 104 83 JUPITER FL 33458 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **PCEO** DELETE TITLE 1 1 TITLE Change Addition GEMINO, ARNOLD R NAME 1.2 NAME 160 SHORE DRIVE STREET ADDRESS 1.3 STREET ADDRESS **RIVIERA BEACH FL 33404** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 3 1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CHTY-ST-ZIP Change Addition DELETE 4.1 TITLE

64 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 amount 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

4. 2 NAMÉ

5.1 TITLE 5.2 NAME

61 TITLE

6.2 NAME

☐ DELETÉ

☐ DELFTE

4.3 STREET ADDRESS

53 STREET ADDRESS

6 3 STREET ADDRESS

54 CITY-ST-ZIP

4 4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

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1-26-98 561-881-8014

Change

☐ Change

Addition

Addition

FILED

Feb 11 1998 8:00am

Secretary of State