

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000011268 (6)

1. Corporation Name

TROPICAL AVIATION GROUND SERVICES, INC.



Principal Place of Business

Mailing Address

6000 AIRPORT CIRCLE
SARASOTA FL 34233

PO BOX 13034
SARASOTA FL 34278

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 17400 S.W. 48TH ST

Suite, Apt. #, etc.

22 City & State

23 FORT LAUD, FL

24 Zip 33331 Country USA

2a. Mailing Address

26 17400 S.W. 48TH ST

Suite, Apt. #, etc.

27 City & State

28 FORT LAUD, FL

29 Zip 33331 Country USA

3. Date Incorporated or Qualified

02/06/1995

3a. Date of Last Report

04/24/1996

4. FEI Number

65-0560150

Applied For

Not Applicable

5. Certificate 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 or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

VAN WINKLE, MARY E
3844 BEE RIDGE ROAD
SUITE 202
SARASOTA FL 34233

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
ADILI, MIRMOHAMMAD
17400 SW 48TH ST
FT LAUDERDALE FL 33331

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
ADILI, MIRYAHYA
8801 NW 61ST ST
TAMARAC FL 33322

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
ADILI, MIRMASOOD
8801 NW 61ST ST
TAMARAC FL 33322

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE

ADILI, MIRMOHAMMAD (ADILI)

M. Adili 9/13/97

CR2E034 (4/97)