

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

FILED

**May 21 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Worthington
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000016372 (0)
1. Corporation Name
EXPRESS AIRPORT SERVICE CORPORATION



Principal Place of Business: 2000 N. FLORIDA MANGO RD SUITE 108 WEST PALM BEACH FL 33409
Mailing Address: 2000 N. FLORIDA MANGO RD SUITE 108 WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1996

4. FEI Number: 65-0645631

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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

g. Name and Address of Current Registered Agent
CAMERON, SANDRA M
2501 BRISTOL DRIVE STE 6B
WEST PALM BEACH FL 33409

DELETE

10. Name and Address of New Registered Agent

81 Name: DAVID ODIAS
82 Street Address (P.O. Box Number is Not Acceptable): 346 GUAVA AVE. APT #B
83
84 City: West Palm Beach FL 85 Zip Code: 33413

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: *David Odias / Jesula Odias* DATE: 5-5-98

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	GERVEL AMOS
STREET ADDRESS	426 9TH ST
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<i>Bohannon Odias</i>
1.3 STREET ADDRESS	<i>621 South Seaweed Blvd</i>
1.4 CITY-ST-ZIP	<i>Boynton Beach Florida 33435</i>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<i>S Jesula Odias</i>
2.3 STREET ADDRESS	<i>346 GUAVA AVE. APT #B</i>
2.4 CITY-ST-ZIP	<i>West Palm Florida 33413</i>
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 attachment with an address.

SIGNATURE: *Bohannon Odias* DATE: 4/17/98 (56) 471 7777

CR2E034 (10/97)