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Secretary of State

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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 # P96000050559 (9) *JoK*

1. Corporation Name

Signature Flight Support - New York Inc.

Principal Place of Business	Mailing Address
201 S. Orange Avenue	201 S. Orange Avenue
Suite 1100	Suite 1100
Orlando, FL 32801	Orlando, FL 32801

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	6-13-1996	59-3388981	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	
22	27	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State	City & State	Trust Fund Contribution	<input type="checkbox"/>	
23	28	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country			
24	25			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT Corporation System	81 Name
1200 South Pine Island Rd.	82 Street Address (P.O. Box Number is Not Acceptable)
Plantation, FL 3324	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	P/CEO
NAME	VAN ALLEN, BRUCE S.	1.2 NAME	
STREET ADDRESS	8550 LOST COVE DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO, FL 32819	1.4 CITY - ST - ZIP	
TITLE	SVPT	2.1 TITLE	SV/CFO/T
NAME	HASKINS, ELIZABETH A.	2.2 NAME	
STREET ADDRESS	418 RIVER DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	DEBARY, FL 32713	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	S
NAME	MOKRIS, PAUL J.	3.2 NAME	PAZAAR, STEVEN E.
STREET ADDRESS	1410 POISETTIA ST.	3.3 STREET ADDRESS	27 CARRIAGE HOUSE LANE
CITY - ST - ZIP	ORLANDO, FL	3.4 CITY - ST - ZIP	BOXFORD, MA 01921
TITLE	PCEO	4.1 TITLE	D
NAME	DODSON, RICHARD	4.2 NAME	
STREET ADDRESS	351 VISTA OAK DR.	4.3 STREET ADDRESS	1228 MAYFIELD AVENUE
CITY - ST - ZIP	LONGWOOD, FL	4.4 CITY - ST - ZIP	WINTER PARK, FL 32789
TITLE		5.1 TITLE	Sr. VP
NAME		5.2 NAME	BOBBITT, CHARLES D. II
STREET ADDRESS		5.3 STREET ADDRESS	5531 TURKEY LAKE RD
CITY - ST - ZIP		5.4 CITY - ST - ZIP	ORLANDO, FL 32819
TITLE		6.1 TITLE	Assistant S
NAME		6.2 NAME	MARCINIK, DANIEL V
STREET ADDRESS		6.3 STREET ADDRESS	2871 YONKERS CT.
CITY - ST - ZIP		6.4 CITY - ST - ZIP	OVIEDO, FL 32765

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:

Elizabeth A. Haskins
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99
 Date

407-648-7200
 Daytime Phone #