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 # P97000054192 (4)

IN FLIGHT SERVICES, INC.

FILED May 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					- I KORNIBER KIN IBINI IBBN EBNIN BENN BENN BUNDE BEKKI DYBUN NIEKO NUND (NEK 1906)	
288 STATE ROAD 312 288 STATE ROAD 312						
ST. AUGUSTINE FL 32086 ST. AUGUSTINE FL 32086						
			on nood into the second		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					06/19/1997	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21		26			59-345309	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			g. Continuate of Clares Boolings	Fee Required
City & State		Cily & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country		8. This corporation owes or has paid	
24	25	29	30		Personal Property Tax due June 3	F- C
····	9. Name and Address of Curren	Registered Agent			10. Name and Address of New Reg	Istered Agent
	MER, KIM		81	Name		,
220 STATE ROAD 312				Street Add	ress (P.O. Box Number is Not Acceptable	9)
ST.	AUGUSTINE FL 32086					
			83			
			84	City		85 Zip Code
			**	Ony		FL S Z D C C C C C C C C C C C C C C C C C C
11. Pursuant to	the provisions of Sections 607.050	2 and 607.1508, Florida Stati	utes, the above	-named cor	poration submits this statement for the pu	rpose of changing its registered
office or re	gi ste red agent, or both, in the State n fam iliar with, and accept the obliga	of Florida, Such change was	s authorized by	the corpora	tion's board of directors. I hereby accept	the appointment as registered
•	riamiliai with, and accept the obliga	nions or, section 007.0300, i	ionua Statutes			
SIGNATURE	Signature, typed or printed name of registered age	nt and trie it applicable (NC	OTL Registered Age	ni sionalure requ	rred when reinslating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	D	DELETE	1.1 TITLE		11001101010101101010101010101	Change Addition
NAME	PALMER, KIM		1.2 NAME			_ • -
STREET ADDRESS	204 3RD STREET		1.3 STREET	ADDBESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32084					
TITLE	D	DELETE	1.4 CITY - ST 2.1 TITLE	-ZIF		Change Addition
NAME	SANTOS, DODIE		2.2 NAME			
	288 STATE ROAD 312			1000000		
STREET ADDRESS	ST. AUGUSTINE FL 32086	CTIME EL 2000				1.00
CITY-ST-ZIP	VI: 100001INE 1 E 02000	☐ DELE TE	2. 4 CITY - ST - ZIP			☐ Change ☐ Addition
TITLE			3.1 TITLE			Change Audition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET			
CITY-ST-ZIP		3.4. CITY-S1-ZIP		1-ZIP		Chon Ladaw
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP		T 85,655	4.4 CITY - ST	- ZIP		
TITLE		∐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-S1	I-ZIP		·
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST	- ZiP		
14. I hereby ce	ertily that the information supplied wi	ith this filing does not qualify	for the exempt	ion stated in	Section 119.07(3)(i), Florida Statutes. I fi	urther certify that the information
officer or d	in this annual report or supplementa lirector of the corporation or the rec∕	ivarinual report is true and activer or trustee empowered.c	urate and that Sexecute this r	u my signati eport as rec	ure shall have the same legal effect as if r juired by Chapter 607, Florida Statutes, a	nade under oath; that I am an nd that my name appears in
Block 12 o	r Bloc k 13 if changed, or ontan altac	chment with an address.	10			• •