

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

FILED

98 APR 29 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000090679 (6)

1. Corporation Name

FSR AVIATION SERVICES, INC.



Principal Place of Business

1333 ISLAND SHORES DRIVE
WEST PALM BEACH FL 33413

Mailing Address

1333 ISLAND SHORES DRIVE
WEST PALM BEACH FL 33413

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1997

4. FEI Number

65-0829559

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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: PTD
NAME: SIMEON, FLORENCIA P
STREET ADDRESS: 1333 ISLAND SHORES DRIVE
CITY-ST-ZIP: WEST PALM BEACH FL 33413
 DELETE

TITLE: VD
NAME: BELLEFONTAINE, DONNA M
STREET ADDRESS: 1333 ISLAND SHORES DRIVE
CITY-ST-ZIP: WEST PALM BEACH FL 33413
 DELETE

TITLE: S
NAME: RASCO, FLORIVIC C
STREET ADDRESS: 1333 ISLAND SHORES DRIVE
CITY-ST-ZIP: WEST PALM BEACH FL 33413
 DELETE

TITLE: I
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]
 DELETE

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]
 DELETE

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]
 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: PTD
1.2 NAME: EDILBERTO H. PLATON
1.3 STREET ADDRESS: 1333 ISLAND SHORES DR
1.4 CITY-ST-ZIP: WEST PALM BEACH, FL 33413
 Change Addition

2.1 TITLE: TREASURER
2.2 NAME: FLORENCIA P. SIMEON
2.3 STREET ADDRESS: 1333 ISLAND SHORES DR.
2.4 CITY-ST-ZIP: WEST PALM BEACH, FL 33413
 Change Addition

3.1 TITLE: [Blank]
3.2 NAME: 300002512943--5
3.3 STREET ADDRESS: -05/06/98--01036--001
3.4 CITY-ST-ZIP: ****150.00 ****150.00
 Change Addition

4.1 TITLE: [Blank]
4.2 NAME: [Blank]
4.3 STREET ADDRESS: [Blank]
4.4 CITY-ST-ZIP: [Blank]
 Change Addition

5.1 TITLE: [Blank]
5.2 NAME: [Blank]
5.3 STREET ADDRESS: [Blank]
5.4 CITY-ST-ZIP: [Blank]
 Change Addition

6.1 TITLE: [Blank]
6.2 NAME: [Blank]
6.3 STREET ADDRESS: [Blank]
6.4 CITY-ST-ZIP: [Blank]
 Change Addition

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 in an attachment with an address.

SIGNATURE: *[Signature]* D. BELLEFONTAINE 4/15/98 (461)641-5769

CR2E034 (10/97)