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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000094276

1. Corporation Name

AIRPORT SERVICE GROUP INC.

Principal Place	e of Business	Mailing Address		[] [] [] [] [] [] [] [] [] []	
27 BEDMINSTE	R RD	27 BEDMINSTER RD			
RANDOLPH NJ 07869 RANDOLPH MJ 078					
US		US		DO NOT WRITE IN TH	18 SPACE
				3. Date Incorporated or Qualifed	
				10/29/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3478747	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22					
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	0	. 28	Country	Trust Fund Contribution	
Zip	Country		Country	This corporation owes the current year I Personal Property Tax.	⊓iangible □Yes □No
24	25	29 30		10. Name and Address of New Registere	
9. Name and Address of Current Registered Agent 81 Name				IV. Hallis and Address of New Adgraters	-
SIMMONS, SUSAN					
3219 TIMUCUA CIR			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32837			83		
Onl	ANDO I E 02001		03		
			84 City		85 Zip Code
				<u> </u>	
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	Susan Su	mmono Susan Sin	าเบบบาว	4/20199	
	Signature, typed or printed name of registers		tered Agent signature require		AND DIRECTORS IN 42
12.	, -		13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	P	_	i.1 TITLE		Countries Countries
NAME	SIMMONS, T		.2 NAME		
STREET ADDRESS	27 BEDMINSTER RD	•	.3 STREET ADDRESS		
CiTY-ST-ZIP	RANDOPH NJ 07869		.4 CITY-ST-ZIP		Characa C Addition
TITLE	VP	☐ DELETE 2	1.1 TITLE		☐ Change ☐ Addition
NAME	SIMMONS, C B		2.2 NAME		
STREET ADDRESS	27 BEDMINSTER RD	:	2.3 STREET ADDRESS		
CITY-ST-ZIP	RANDOPH NJ 07869		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE :	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS		:	3.3 STREET ADDRESS		
CITY-ST-ZIP			I.4. CITY-ST-ZIP		
TITLE		☐ DELETE	I.1 TITLE		☐ Change ☐ Addition
NAME		Į.	I. 2 NAME		
STREET ADDRESS			3 STREET ADDRESS		
CITY-ST-ZIP		Į.	I.4 CITY-ST-ZfP		
TITLE			i.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS		1	3.3 STREET ADDRESS		
CITY-ST-ZIP		1	5.4 CITY-ST-ZIP		İ
TITLE		☐ DELETE	S.1 TITLE		☐ Change ☐ Addition
	I		1		
NAME		I (S.2 NAME		

14. 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 07, 1999 8:00 am Secretary of State

05-07-1999 90114 049 ***150.00