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

PROFIT CORPORATION ANNUAL REPORT



FLÒRIDA DEPARTMENT OF STATE

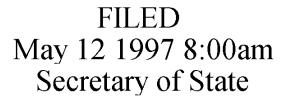
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

(9)

DOCUMENT # S34594



GENERAL AVIATION TERMINAL OF FLORIDA, INC. Principa Place of Business P.O. BOX 88029 MOBILE AL 36608 MOBILE AL 36608 MOBILE AL 36608								
					Date Incorporated or Qualified 02/28/1991		ite of Last I 19/1996	Report
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	1 04		pplied For
1		26			63-1040879			ot Applicable
Suite, Apt.	# _c eto.	Suite, Apt. #, etc.			5. Certificate of Status Desired		,	Additional lequired
City & Stat	<u></u>	City & State		,	6. Election Campaign Financing			May Be
<u>Zip</u>	Country	28 Zip	Coun	trv	Trust Fund Contribution 6. This corporation has liability to			to Fees
ı]	25	29	30	•		Yes [5. 155.002.,
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New R	egistered .	Agent	
	.MENERO, RAY			Name				
3020 NW 79TH COURT			ŧ	2 Street Ad	dress (P.O. Box Number is Not Accepta	able)		·····
APT	. B Nesville fl 32606		7	13				
GA	MESTILLE FL SZOOS		L					
				I4 City		FI	 85 Zip	Code
					rporation submits this statement for the ation's board of directors. I hereby acc		ointment a	s registered
SIGNATURE	Supervior (pred or printed name of registered as			Agent signature req	rporation submits this statement for the ation's board of directors. I hereby accumulate the submits that the submits the statement for the ation's board of directors. I hereby accumulate the submits that the submits the submits that the submit	DATE		RS IN 12
SIGNATURE 12. 1114 IAME UREEL AUDRESS	OFFICERS AND PRINCES, SHELBY JEAN 8525 AREO AVE.	gent and trie if applicable (NC ND DIRECTORS	13. 1.1 TITL 1.2 NAM	Agent eignature req E IE EET ADORESS	guired when reinstating)	DATE	DIRECTO	RS IN 12
SIGNATURE 12. DILE NAME STREET ALORISS CITY ST-ZIE	OFFICERS AND RAINES, SHELBY JEAN 8525 AREO AVE.	gent and title if applicable (NC ND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAN 1.3 STRI 1.4 CITY	Agent eignature req E IE EET ADORESS - ST - ZIP	guired when reinstating)	DATE	DIRECTO Change	RS IN 12
BIGNATURE 12. THE VAME URELL ALIGNESS URELL ALIGNESS URELL ALIGNESS URELL ALIGNESS URELL ALIGNESS URELL ALIGNESS	OFFICERS AND PRINCES, SHELBY JEAN 8525 AREO AVE.	gent and trie if applicable (NC ND DIRECTORS	13. 1.1 TITL 1.2 NAM	Agent signature req	guired when reinstating)	DATE	DIRECTO	RS IN 12 Addition
SIGNATURE 12. THE FAM: THE TAMPESS THE THE TAME	OFFICERS AND PD RAINES, SHELBY JEAN 8525 AREO AVE. MOBILE AL SD BAGGETT, JAMES C. 8525 AREO AVE.	gent and title if applicable (NC ND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITS 2.1 TITL 2.2 NAM	Agent signature req	guired when reinstating)	DATE	DIRECTO Change	RS IN 12
SIGNATURE 12. HITE FAM HITE HIT	OFFICERS AND PD RAINES, SHELBY JEAN 8525 AREO AVE. MOBILE AL SD BAGGETT, JAMES C.	gent and time if applicable (NC) ND DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITI 2.2 NAM 2.3 STRI 2.4 CITI 2.4 CITI 2.4 CITI 2.5 CITI	Agent signature requirements E IE EET ADDRESS -S1-ZIP E EET ADDRESS (-S1-ZIP	guired when reinstating)	DATE	DIRECTO Change	RS IN 12 Addition
SIGNATURE 12. DITE NAM: STREET ADDRESS THE VAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS AND PD RAINES, SHELBY JEAN 8525 AREO AVE. MOBILE AL SD BAGGETT, JAMES C. 8525 AREO AVE.	gent and title if applicable (NC ND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITH 2.1 THI 2.2 NAM 2.3 STRI 2.4 CITH 3.1 TITL	Agent signature requirements for the signature requirements fo	guired when reinstating)	DATE	DIRECTO Change	RS IN 12 Addition
SIGNATURE 12. THE VAM: SHEEL ADDRESS THE VAM: SHEEL ADDRESS CHY ST-ZIP THE RAME	OFFICERS AND PD RAINES, SHELBY JEAN 8525 AREO AVE. MOBILE AL SD BAGGETT, JAMES C. 8525 AREO AVE.	gent and time if applicable (NC) ND DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM	Agent signature requests E IE EET ADDRESS - ST- ZIP E IE EET ADDRESS /- ST- ZIP E III III III III III III II	guired when reinstating)	DATE	DIRECTO Change	RS IN 12 Addition
SIGNATURE 12. DITE NAM STREET ANDRESS COLY ST-ZIP CITY ST-ZIP CITY ST-ZIP CITY ST-ZIP CITY ST-ZIP THE RAME STREET ADDRESS STREET ADDRESS	OFFICERS AND PD RAINES, SHELBY JEAN 8525 AREO AVE. MOBILE AL SD BAGGETT, JAMES C. 8525 AREO AVE.	gent and time if applicable (NC) ND DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAN 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAN 3.3 STR	Agent signature requests E E E E E E E E E E E E E	guired when reinstating)	DATE	DIRECTO Change	RS IN 12 Addition
SIGNATURE 12. DITE VAMA STREET ACORESS THE VAMA STREET ACORESS CITY ST-7IP DITE VAMA STREET ACORESS CITY ST-7IP	OFFICERS AND PD RAINES, SHELBY JEAN 8525 AREO AVE. MOBILE AL SD BAGGETT, JAMES C. 8525 AREO AVE.	gent and time if applicable (NC) ND DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAN 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAN 3.3 STR	Agent signature requests E IE EET ADDRESS ST-ZIP E EET ADDRESS /-ST-ZIP E IE EET ADDRESS /-ST-ZIP E IE ET ADDRESS /-ST-ZIP	guired when reinstating)	DATE	DIRECTO Change	RS IN 12 Addition Addition
SIGNATURE 12. DITE NAM STREET ANDRESS COLY ST-ZIP THE STREET ADDRESS CHY ST-ZIP DITE RAME STREET ADDRESS CHY ST-ZIP DITE STREET ADDRESS CHY ST-ZIP DITE THE TADDRESS CHY ST-ZIP DITE THE TADDRESS CHY ST-ZIP DITE	OFFICERS AND PD RAINES, SHELBY JEAN 8525 AREO AVE. MOBILE AL SD BAGGETT, JAMES C. 8525 AREO AVE.	gent and line if applicable (NO NO DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4. CIT	Agent signature requests E E E E E E E E E E E E E	guired when reinstating)	DATE	DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. THE VAMA STREET ACTORISS THE VAMA STREET ACTORISS THE VAMA STREET ACTORISS THE VAMA STREET ACTORISS THE VAMA	OFFICERS AND PD RAINES, SHELBY JEAN 8525 AREO AVE. MOBILE AL SD BAGGETT, JAMES C. 8525 AREO AVE.	gent and line if applicable (NO NO DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAN 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAN 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAN 3.3 STRI 3.4 CIT 4.1 TITL 4.2 NAN	Agent signature requests E E E E E E E E E E E E E	guired when reinstating)	DATE	DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. THE VAMA STREET ACTORISS	OFFICERS AND PD RAINES, SHELBY JEAN 8525 AREO AVE. MOBILE AL SD BAGGETT, JAMES C. 8525 AREO AVE.	gent and title if applicable (NO ND DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAN 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAN 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAN 3.3 STRI 3.4 CIT 4.1 TITL 4.2 NAN 4.3 STRI 4.3 STRI 4.4 CITY	Agent signature req E IE EET ADDRESS -ST-ZIP E IE EET ADDRESS /-ST-ZIP E IE EET ADDRESS /-ST-ZIP E AE EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP	guired when reinstating)	DATE	DIRECTO Change Change Change	RS IN 12 Addition Addition
SIGNATURE 12. THE VAMA STREET ACTORESS CITY ST-ZIP THE VAMA STREET ACTORESS CITY ST-ZIP THE VAMA STREET ACTORESS CITY ST-ZIP THE VAMA STREET ACTORESS CITY ST-ZIP THE VAMA STREET ACTORESS CITY ST-ZIP THE	OFFICERS AND PD RAINES, SHELBY JEAN 8525 AREO AVE. MOBILE AL SD BAGGETT, JAMES C. 8525 AREO AVE.	gent and line if applicable (NO NO DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAN 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAN 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAN 3.3 STRI 3.4 CITY 4.1 TITL 4.2 NAN 4.3 STRI 4.4 CITY 5.1 TITL 5.1	Agent signature requests E IE EET ADDRESS -ST-ZIP E IE EET ADDRESS Y-ST-ZIP E IE EET ADDRESS Y-ST-ZIP E AE EET ADDRESS -ST-ZIP E AE EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E	guired when reinstating)	DATE	DIRECTO Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. IDLE NAM SIRECTATIONESS CITY ST-ZIP TITE NAME SIRECTADORESS CITY ST-ZIP TITE NAME SIRECTADORESS CITY ST-ZIP TITE VAME STREET ADDRESS CITY ST-ZIP TITE TITE TITE VAME STREET ADDRESS CITY ST-ZIP TITE TITE VAME	OFFICERS AND PD RAINES, SHELBY JEAN 8525 AREO AVE. MOBILE AL SD BAGGETT, JAMES C. 8525 AREO AVE.	gent and title if applicable (NO ND DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAN 1.3 STRI 1.4 CITY 2.2 NAN 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAN 3.3 STRI 3.4 CITY 4.1 TITL 4.2 NAI 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAA	Agent signature requirements of the second signa	guired when reinstating)	DATE	DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. THE NAME SIRELLADDRESS CITY ST-ZIP THE NAME SIRELLADDRESS CITY ST-ZIP THE NAME SIRELLADDRESS CITY ST-ZIP THE NAME STREELADDRESS STREELADDRESS STREELADDRESS STREELADDRESS STREELADDRESS STREELADDRESS STREELADDRESS STREELADDRESS	OFFICERS AT PD RAINES, SHELBY JEAN 8525 AREO AVE. MOBILE AL SD BAGGETT, JAMES C. 8525 AREO AVE. MOBILE AL	gent and time if applicable (NC) ND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAN 1.3 STRI 1.4 CITL 2.2 NAN 2.3 STRI 2.4 CITT 3.1 TITL 3.2 NAN 3.3 STRI 3.4 CITT 4.1 TITL 4.2 NAI 4.3 STRI 4.4 CITL 5.1 NAI 5.3 STRI 5.3	Agent signature requirements of the second signa	guired when reinstating)	DATE	DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. THE NAME SIBELLAUDRESS CITY ST-ZIP THE NAME SIBELLAUDRESS CITY ST-ZIP THE NAME SIBELLAUDRESS CITY ST-ZIP THE SIBELLAUDRESS CITY ST-ZIP THE NAME SIBELLAUDRESS CITY ST-ZIP THE NAME SIBELLAUDRESS CITY ST-ZIP	OFFICERS AT PD RAINES, SHELBY JEAN 8525 AREO AVE. MOBILE AL SD BAGGETT, JAMES C. 8525 AREO AVE. MOBILE AL	gent and time if applicable (NC) ND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAN 1.3 STRI 1.4 CITL 2.2 NAN 2.3 STRI 2.4 CITT 3.1 TITL 3.2 NAN 3.3 STRI 3.4 CITT 4.1 TITL 4.2 NAI 4.3 STRI 4.4 CITL 5.1 NAI 5.3 STRI 5.3	Agent signature requirements of the second signa	guired when reinstating)	DATE	DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition
11. Pursuant office of the pursuant of the pursuant office of the pursuant of the pur	OFFICERS AT PD RAINES, SHELBY JEAN 8525 AREO AVE. MOBILE AL SD BAGGETT, JAMES C. 8525 AREO AVE. MOBILE AL	gent and time if applicable (NC) ND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAN 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAN 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAN 3.3 STRI 3.4 CITY 4.1 TITL 4.2 NAI 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAA 5.3 STRI 5.4 CITY	Agent signature requirements of the second signa	guired when reinstating)	DATE	DIRECTO Change Change Change Change	
SIGNATURE 12. THE NAME SURELLAUDRESS CHY SI-ZIP THE NAME SURELLAUDRESS CHY SI-ZIP THE NAME SURELLAUDRESS CHY SI-ZIP THE SURELLAUDRESS CHY SI-ZIP THE NAME SURELLAUDRESS CHY SI-ZIP THE NAME SURELLAUDRESS CHY SI-ZIP THE NAME SURELLAUDRESS CHY SI-ZIP THE	OFFICERS AND PD RAINES, SHELBY JEAN 8525 AREO AVE. MOBILE AL SD BAGGETT, JAMES C. 8525 AREO AVE.	gent and time if applicable (NC) ND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 4.1 TITL 4.2 NAM 4.3 STRI 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STRI 5.4 CITY 6.1 TITL 6.2 NAM	Agent signature requirements of the second signa	guired when reinstating)	DATE	DIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition Addition

informal be inclosed 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 five 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.

0493262