

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

FILED
Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S98170** (1)
1. Corporation Name
AIRFIELD LIGHTING SYSTEMS, INC.

Principal Place of Business C/O ENNIS CPA ASSOCIATES PA 1160 S MCCALL ROAD SUITE A ENGLEWOOD FL 34223	Mailing Address C/O ENNIS CPA ASSOCIATES PA 1160 S MCCALL ROAD SUITE A ENGLEWOOD FL 34223
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/03/1991	
21		26		4. FEI Number 65-0298665	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For <input type="checkbox"/> Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	Zip
24		25		29	

9. Name and Address of Current Registered Agent

**MERCIER, LETETIA
1160 S. MCCALL ROAD
SUITE A, 1ST FLOOR
ENGLEWOOD FL 34223**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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	PD	1.1 TITLE	
NAME	HOOPS, PAUL F	1.2 NAME	
STREET ADDRESS	860 HARMONY RD NE E	1.3 STREET ADDRESS	
CITY-ST-ZIP	EATONTON GA 31024	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	
NAME	HOOPS, PAUL F.	2.2 NAME	
STREET ADDRESS	860 HARMONY ROAD NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	EATONTON GA 31024	2.4 CITY-ST-ZIP	
TITLE	DST	3.1 TITLE	
NAME	HOOPS, THELMA	3.2 NAME	
STREET ADDRESS	860 HARMONY ROAD NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	EATONTON GA 31024	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: **PAUL F. HOOPS, PRESIDENT** 01-15-98 941-474-9309

CR2E034 (10/97)