

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

FILED  
Apr 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S98581 (9)  
1. Corporation Name  
AA ADVANCE AIR SERVICES, INC.

Principal Place of Business 1820 N.W. 32ND STREET POMPANO BEACH FL 33064	Mailing Address 1820 N.W. 32ND STREET POMPANO BEACH FL 33064-1304
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/05/1991		3a. Date of Last Report 03/22/1996	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 65-0307549		Applied For Not Applicable	
22 City & State	27	28 City & State	29	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. Name and Address of Current Registered Agent ROTHENBERG, LARRY A. 2424 NBORTH FEDERAL HIGHWAY SUITE 455 BOCA RATON FL 33431				10. Name and Address of New Registered Agent			

81 Name		85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		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	BURROW, CAROL	1.2 NAME	
STREET ADDRESS	6662 NW 98 DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	
NAME	DREW, SHEILA	2.2 NAME	
STREET ADDRESS	7025 PINE TREE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CLARK SHORES FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	LAYCOCK, AMY JANE	3.2 NAME	
STREET ADDRESS	7825 SUNFLOWER DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	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 do 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:  1/3/97

CR2E034 (9/96)