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FILED
Mar 12 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 # F93000005859 (4)
 1. Corporation Name
HYANNIS AIR SERVICE, INC.



Principal Place of Business BARNSTABLE MUNICIPAL AIRPORT HYANNIS MA 02601	Mailing Address 660 BARNSTABLE RD HYANNIS MA 02601 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/27/1993	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State
27. Zip	28. Country	29. Zip	30. Country	4. FEI Number 04-3005476	Applied For <input type="checkbox"/> Not Applicable
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLF, DANIEL A	1.2 NAME	
STREET ADDRESS	168 MAIN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH HARWICH MA 02645	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, GRANT M	2.2 NAME	
STREET ADDRESS	201 CONCORD ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CARLISLE MA 01741	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, CRAIG	3.2 NAME	Clerk
STREET ADDRESS	154 SUDBURY LANE	3.3 STREET ADDRESS	Wilfred E. Gardner
CITY-ST-ZIP	HYANNIS MA	3.4 CITY-ST-ZIP	76 Garden Road
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANARSDALE, JOHN C.	4.2 NAME	Director
STREET ADDRESS	3333 RUM ROW	4.3 STREET ADDRESS	Russel Price
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	272 Whistleberry Drive
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUENING, J D	5.2 NAME	
STREET ADDRESS	1033 FEARRINGTON POST	5.3 STREET ADDRESS	
CITY-ST-ZIP	FEARRINGTON VILLAGE NC 27312	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, CHARLES	6.2 NAME	
STREET ADDRESS	39 MAPLE ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	W. BARNSTABLE MA	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: *Daniel A. Wolf* Daniel A. Wolf 3/3/98 508-790-3122

CR2E034 (10/97)