

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000003874 (4)

1. Corporation Name

DALLAS AIRMOTIVE, INC.



Principal Place of Business

Mailing Address

**6114 FOREST PARK ROAD
DALLAS TX 75235**

**16415 ADDISON ROAD
SUITE 301
DALLAS TX 75248
US**

3. Date Incorporated or Qualified **07/25/1994** 3a. Date of Last Report **07/05/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26 P.O. Box 54857	75-2530158	<input type="checkbox"/> Not Applicable
Suite, Apt #, etc	Suite, Apt #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	28 Hurst, TX	8. This corporation has liability for intangible tax under s. 193.03? Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	29 76054-4857		
Zip	Country		
24	30 USA		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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's signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC <input type="checkbox"/> DELETE	1.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KINCAID, THOMAS R	1.2 NAME	Lynn Edgington
STREET ADDRESS	6114 FOREST PARK ROAD	1.3 STREET ADDRESS	7511 Lemmon Ave., Bldg. B
CITY-ST-ZIP	DALLAS TX 75235	1.4 CITY-ST-ZIP	Dallas, TX 75209-3017
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	Asst. S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DERBY, GEORGE	2.2 NAME	Richard Jones
STREET ADDRESS	7511 LEMMON AVENUE, BLDG B	2.3 STREET ADDRESS	8117 Preston Rd., Suite 440
CITY-ST-ZIP	DALLAS TX	2.4 CITY-ST-ZIP	Dallas, TX 75225
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	C.F.O. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Dan Komnenovich
STREET ADDRESS		3.3 STREET ADDRESS	7511 Lemmon Ave., Bldg. B
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Dallas, TX 75209-3017
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D of Finance <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Bruce E. Weaver
STREET ADDRESS		4.3 STREET ADDRESS	7511 Lemmon Ave., Bldg. B.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Dallas, TX. 75209-3017
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-96

Date

817-485-4601

Telephone Number

CR2E034 (3/96)