


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

FILED
Jun 21, 1999 8:00 am
Secretary of State

06-21-1999 90010 002 ***550.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # F94000003874

1. Corporation Name
DALLAS AIRMOTIVE, INC.



| | |
|---|--|
| Principal Place of Business 6114 FOREST PARK ROAD DALLAS TX 75235 | Mailing Address P.O. BOX 54857 HURST TX 76054-4857 US |
|---|--|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/25/1994

| | |
|--|--|
| 21. Principal Place of Business Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country | 2a. Mailing Address 26. 7511 Lemmon Ave, Bldg B Suite, Apt. #, etc. 27. Attn: Tax Dept City & State 28. Dallas, Tx Zip 29. 75209 Country 30. USA |
|--|--|

| | |
|---|--|
| 4. FEI Number 75-2530158 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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 _____ 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 | CE <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KINCAID, THOMAS R | 1.2 NAME | |
| STREET ADDRESS | 6114 FOREST PARK ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | DALLAS TX 75235 | 1.4 CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DERBY, GEORGE | 2.2 NAME | |
| STREET ADDRESS | 7511 LEMMON AVENUE, BLDG B | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | DALLAS TX | 2.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MURRER, GREGORY J | 3.2 NAME | |
| STREET ADDRESS | 6114 FOREST PARK RD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DALLAS TX 75235 | 3.4 CITY-ST-ZIP | |
| TITLE | SVP <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCOTT, TERRY | 4.2 NAME | |
| STREET ADDRESS | 6114 FOREST PARK RD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | DALLAS TX 75235 | 4.4 CITY-ST-ZIP | |
| TITLE | CFO <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KOMNENOVICH, DAN | 5.2 NAME | |
| STREET ADDRESS | 7511 LEOOM AVENUE BLDG B | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | DALLAS TX | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 6.2 NAME | V.P. David Searle |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 7511 Lemmon Ave, Bldg B |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | Dallas, TX 75209 |

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, with all other like empowered.

SIGNATURE: _____ **REQUIRED** *6/18/99* **214-956-3000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)