

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

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90034 001 *7,800.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000003588 ✓
 1. Corporation Name
AIRCRAFT 23455, INC.

Principal Place of Business: **9420 S.W. 77TH AVENUE MIAMI FL 33156**
 Mailing Address: **9420 S.W. 77TH AVENUE MIAMI FL 33156**

2. Principal Place of Business: **c/o UNICAPITAL CORPORATION 10800 BISCAYNE BOULEVARD SUITE 800 N MIAMI, FL 33161**
 2a. Mailing Address: **c/o UNICAPITAL CORPORATION 10800 BISCAYNE BOULEVARD STE 800 N. MIAMI, FL 33161**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/24/1998**

4. FEI Number: **65-0845237** Applied For: **APPLIED FOR** Not Applicable

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: Yes No



9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 C/O CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 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 _____ (NOTE: Registered Agent 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	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	NEW, ROBERT J.	1.2 NAME	<i>See Attached Statement</i>
STREET ADDRESS	11414 NORTH BAYSHORE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33181	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	CHAIT, DANIEL	2.2 NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS	8520 NW 42ND STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	KALB, MARTIN	3.2 NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS	701 NW 141 AVENUE, APT. 101	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	NEW, JONATHAN	4.2 NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS	10023 BAY HARBOR TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR FL 33154	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	LIPPMAN, WAYNE D	5.2 NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS	13019 MAR STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	CAUFF, STUART L	6.2 NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS	10395 SW 67TH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	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, with all other like empowered.

SIGNATURE: *David A Vorath* **David A Vorath - V.P., Tax** 4/27/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

562378-90016-20
F9800000 3588

**LIST OF OFFICERS & DIRECTORS FOR
CAUFF, LIPPMAN AVIATION, INC.
(a Florida corporation)**

THE BUSINESS ADDRESS FOR THE FOLLOWING OFFICERS & SOLE
DIRECTOR IS c/o UNICAPITAL CORPORATION, 10800 BISCAYNE BLVD.,
LAW DEPT., MIAMI, FLORIDA, 33161:

SOLE DIRECTOR:	Robert J. New
CHAIRMAN OF THE BOARD:	Robert J. New
VICE PRESIDENT & TREASURER:	Jonathan New
PRESIDENT & CHIEF EXECUTIVE OFFICER:	Stuart Cauff
EXECUTIVE V.P. & CHIEF OPERATING OFFICER:	Wayne Lippman
VICE PRESIDENT:	Daniel Chait
VICE PRESIDENT:	David Vorrath
VICE PRESIDENT:	Richard Giles
EXECUTIVE V.P. & SECRETARY:	Martin Kalb
ASSISTANT SECRETARY:	C. Deryl Couch
ASSISTANT SECRETARY:	Teri M. Trimmer