

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 5, 1995.
AMOUNT DUE ON OR BEFORE 8/5/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 26 AM 9:01

DOCUMENT # P93000088223 (1)

1. Corporation Name

I & E AIRCRAFT RENTAL, INC.

Principal Place of Business

205 E-JOEL BOULEVARD
LEHIGH ACRES FL 33906

Mailing Address

205 E-JOEL BOULEVARD
LEHIGH ACRES FL 33906

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1993

3a. Date of Last Report

04/28/1994

4. FEI Number

65-0458890

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City & State

24. Zip

Country

2a. Mailing Address

26

P.O. Box 1361

27. Suite, Apt. #, etc.

28. City & State

29

Lehigh Acres

30

FL

9. Name and Address of Current Registered Agent

PFUNER, CHRISTA
205-E JOEL BLVD.
LEHIGH ACRES FL 33906

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 signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
SPINDLER, MARIA
609 ROBERT AVE.
LEHIGH ACRES FL 33938

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
PFUNER, HEINZ
205 E-JOEL BOULEVARD
LEHIGH ACRES FL 33938

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
HALUSA, GERHARD
609 ROBERT AVENUE
LEHIGH ACRES FL 33938

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY - ST - ZIP

PD
PFUNER, HEINZ
613 L'HOMMEDIEU ST.
Lehigh-Acres FL 33936

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP

VD
PFUNER, JOHANN
613 L'HOMMEDIEU ST.
Lehigh-Acres FL 33936

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY - ST - ZIP

V
PFUNER, Christa
613 L'HOMMEDIEU ST.
Lehigh-Acres FL 33936

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY - ST - ZIP

V
PFUNER, Thomas
613 L'HOMMEDIEU ST.
Lehigh-Acres FL 33936

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY - ST - ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. 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)(b), 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; that 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HEINZ PFUNER 06/20/95 941 369 8389

CR2E034 (3/95)