

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K10355** (1)

1. Corporation Name

A.L. AIRCRAFT #5 CORP.

Principal Place of Business

**950 S.E. 12TH ST.
HIALEAH FL 33010**

Mailing Address

**950 S.E. 12TH ST.
HIALEAH FL 33010**



3. Date Incorporated or Qualified

01/04/1988

3a. Date of Last Report

03/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FINAZZO, NICOLAS
950 SE 12TH STREET
HIALEAH FL 33010**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DPC
BATCHELOR, GEORGE E.
950 S.E. 12TH ST.
HIALEAH FL**

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

**V WALKER, RAYMOND
950 SE 12 ST.
HIALEAH, FL. 33010**

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**T
HIGGINS, JOHN
950 SE 12TH STREET
HIALEAH FL**

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

**D FERRARESI, DANIEL
950 SE 12 ST.
HIALEAH, FL. 33010**

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DS
BATCHELOR, ANNE O
950 SE 12TH STREET
HIALEAH FL**

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**V
MESECHER, BOYD
950 SE 12TH STREET
HIALEAH FL**

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**AS
DAWSON, HUMPHREY
950 SE 12TH ST.
HIALEAH FL**

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
BATCHELOR, MARIANNE T
950 SE 12TH ST
HIALEAH FL**

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change

☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Anne O. Batchelor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96 305 887-4500
Date Daytime Phone #

CR2E034 (12/95)