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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

**1996**DOCUMENT #

Principal Place of Business

850098

(5)

FILED
Apr 17 1996 8:00 am
Secretary of State



UNITED	AIRCRAFT	CORPORATI	ΩN
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CORPORATION TRUST CENTER
1209 ORANGE STREET
WILMINGTON DE 19801

Mailing Address

CORPORATION TRUST CENTER 1209 ORANGE STREET WILMINGTON DE 19901

WILMINGTON DE 19801			WILMINGTON DE 19801						<del>,</del>				
			·					3. Date Incorporated 08/19/198		3a. Date	of Last 05/01	•	
2. Principal Pla	ce of Business	-	Mailing Address					4. FEI Number			Ĭ-	Applied For	
21		26						51-0269	732			Not Applicable	
Suite, Apt. #, etc. 27		27	Suite, Apt. #, etc.				5. Certificate of Statu	us Desired			5 Additional Required		
City & State			City & State				6. Election Campaig	n Financing		\$5.	00 May Be		
23		28	····					Trust Fund Contri	oution			ed to Fees	
Zφ	Country	$\vdash$	Zip	<b>—</b>	Country	1		8. This corporation h	as liability for in	itangible ta	under	s 199.032,	
24	25	29	30				Florida Statutes  Yes X No						
Name and Address of Current Registered Agent								10. Name and Addre	ss of New Re	gistered A	gent		
					81	ו	Name						
CT CORPORATION SYSTEM			82	†	Street Addres	s (P.O. Box Number is	Not Acceptable	3)					
	. PINE ISLAND ROAD												
PLANT	ATION FL 33324				83								
					84	1	City	-			85	Zip Code	
11. Pursuant to	the provisions of Sections 607.0502	and 60	7.1508. Florida Statute	s. the a	bove-r	L nar	med corporation	on submits this stateme	ant for the pure	ose of char	noino ite	registered office	
	d agent, or both, in the State of Flori , and accept the obligations of, Sect				e corp	ora	ation's board o	of directors. I hereby ac	cept the appoi	intment as i	egistere	id agent. I am	
SIGNATURE	Sgnature, typed or printed name of registered agent	and title if a	nonicable (NOT	TE Registe	ered Ager	rl si	ignature required wh	hen reinstat nai		DATE			
12.	OFFICERS AN	D DIREC			3.			ADDITIONS/CHAN	IGES TO OFFIC		DIRECT	ORS IN 12	
TITLE	VTD		☐ DELETE	1.	1 TITLE						Change		
NAME	HORNE, A.M.			1.3	2 NAME					_		<del></del>	
STREET ADDRESS	1209 ORANGE ST.			1.3	3 STREE F	[ AD	DORESS						
Chy-St-ZIP	WILMINGTON DE			1.4	4 CITY - S	51-7	71P						
117LF	VAS		DELETE		1 TITLE						Change	☐ Addition	
NAME	DENNY, C. M.			2.3	2 NAME					_			
STREET ADDRESS	1209 ORANGE STREET			23	3 STREET	ΑD	ODRESS.						
CITY-ST-ZIP	WILMINGTON DE				4 CHTY - S		<b>I</b>						
TITLE	SVD		DELETE		1 TITLE						) Change	☐ Addition	
NAME	lutthans, kim e.			32	2 NAME					_	,		
STREET ADDRESS	1209 ORANGE STREET			3.3	3. STREET	T AC	ODRESS						
CiTY - ST - ZiP	WILMINGTON DE				CITY-S								
TITLE	PD		DELETE		1 TITLE					Г	Change	Addition	
NAME	FERRUCCI, M. A.		<del></del>		NAMÉ					<b>L</b>	, cange		
STREET ADDRESS	1209 ORANGE ST.			4	STREET	ΑD	IDRESS						
CHTY-ST-ZIP	WILMINGTON DE				CITY-S								
TITLE	VAS		DELETE		1 TITLE					Γ	Change	Addition	
NAME	WILLIAMS, M. L.		<del>_</del>		NAME					<u> </u>	,go		
STREET ADDRESS	1209 ORANGE ST.			F	STREET	ADI	OBESS						
C-TY-ST-ZiP	WILMINGTON DE				I CITY-S								
TITLE			DELETE		1 TITLE		**				Change	Addition	
NAME					NAME					L.	, o mange	☐ Vaarian	
STREET ADDRESS					STREET	ani	narce						
CHY-SI-ZIP					CITY-S								
0117 21 211				0.4	10111-5	1.7	JP 1					ľ	

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:

My Jenner

M.A. FERRUCCI

4/10/96

Date

302658-7581

Deytime Phone #