

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 DEC 13 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # F95000004334 (7)

1. Corporation Name

AIRCRAFT ACQUISITIONS, INC.

Principal Place of Business

Mailing Address

PO BOX 2951
DURHAM NC 27715

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DURHAM NC 27715

3. Date Incorporated or Qualified
09/07/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

56-1702741

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STAEHLER, RUTH
1201 U.S. HWY 1, STE 48
N PALM BCH FL 33408

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

Ruth Staehler

(NOTE: Registered Agent signature required when reinstating)

12-6-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME BEW, DEBORAH A
STREET ADDRESS 500 N DUKE ST #53-301
CITY-ST-ZIP DURHAM NC 27701

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

TITLE DV ☐ DELETE
NAME BAKER, DOUGLAS
STREET ADDRESS 3622 LYCKAN PKWY #6005
CITY-ST-ZIP DURHAM NC 27707

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME 300002032433
2.3 STREET ADDRESS -12/18/96-01052-016
2.4 CITY-ST-ZIP ***375.00 ***375.00

TITLE DC ☒ DELETE
NAME WARD, WALDON WATTS
STREET ADDRESS 1621 STONEHURST RD
CITY-ST-ZIP RALEIGH NC 27607

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

TITLE DS ☐ DELETE
NAME BEW, DWIGHT DAVID
STREET ADDRESS 2844 WISONSIN AVE NW #209
CITY-ST-ZIP WASHINGTON DC 20007

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

TITLE DVT ☐ DELETE
NAME STAEHLER, RUTH S
STREET ADDRESS 2480 TREASURE ISLE DR
CITY-ST-ZIP PALM BCH GARDENS FL 33410

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 119.06, 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/96

919-493-6200
Daytime Phone #

CR2E034 (3/96)