

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90150 009 ***150.00

DOCUMENT # F95000004334

1. Corporation Name

AIRCRAFT ACQUISITIONS, INC.

Principal Place of Business

PO BOX 2951
DURHAM NC 27715

Mailing Address

PO BOX 2951
DURHAM NC 27715

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1995

4. FEI Number

56-1702741

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STAEHLE, RUTH

1201 U.S. HWY 1, STE 46

N PALM BCH FL 33408

2480 Treasure Isle Dr.
Palm Beach Gardens,
FL 33410

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

1.1 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE
NAME DV
STREET ADDRESS BAKER, DOUGLAS
CITY-ST-ZIP 1401 COMMERCE
SARASOTA FL

2.1 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME DS
STREET ADDRESS BEW, DWIGHT DAVID
CITY-ST-ZIP 2020 F. STREET NW #506
WASHINGTON FL

3.1 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
62 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/99

919-493-6200

CR2E034 (11/98)