

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

**FILED**  
**May 24, 1999 8:00 am**  
**Secretary of State**

05-24-1999 90034 001 \*7,800.00

0228275

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F98000003588** ✓

1. Corporation Name  
**AIRCRAFT 23455, INC.**

Principal Place of Business  
**9420 S.W. 77TH AVENUE**  
**MIAMI FL 33156**

Mailing Address  
**9420 S.W. 77TH AVENUE**  
**MIAMI FL 33156**

2. Principal Place of Business

**c/o**  
**UNICAPITAL CORPORATION**  
**10800 BISCAYNE BOULEVARD**  
**SUITE 800**  
**N MIAMI, FL 33161**

2a. Mailing Address

**c/o**  
**UNICAPITAL CORPORATION**  
**10800 BISCAYNE BOULEVARD STE**  
**800**  
**N. MIAMI, FL 33161**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/24/1998**

4. FEI Number

**65-0845237**

Applied For

**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

24

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**C/O CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND RD.**  
**PLANTATION FL 33324**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PC</b>	<input type="checkbox"/> DELETE
NAME	<b>NEW, ROBERT J.</b>	
STREET ADDRESS	<b>11414 NORTH BAYSHORE DRIVE</b>	
CITY-ST-ZIP	<b>NORTH MIAMI FL 33181</b>	

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>CHAIT, DANIEL</b>	
STREET ADDRESS	<b>8520 NW 42ND STREET</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>KALB, MARTIN</b>	
STREET ADDRESS	<b>701 NW 141 AVENUE, APT. 101</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33028</b>	

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>NEW, JONATHAN</b>	
STREET ADDRESS	<b>10023 BAY HARBOR TERRACE</b>	
CITY-ST-ZIP	<b>BAY HARBOR FL 33154</b>	

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>LIPPMAN, WAYNE D</b>	
STREET ADDRESS	<b>13019 MAR STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>CAUFF, STUART L</b>	
STREET ADDRESS	<b>10395 SW 67TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		Change <input checked="" type="checkbox"/> Addition
6.2 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:

*David A. Vorath* **David A. Vorath - V.P., Tax** 4/27/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

562378-90016-20  
# F9800000 3588

**LIST OF OFFICERS & DIRECTORS FOR  
CAUFF, LIPPMAN AVIATION, INC.  
(a Florida corporation)**

THE BUSINESS ADDRESS FOR THE FOLLOWING OFFICERS & SOLE  
DIRECTOR IS c/o UNICAPITAL CORPORATION, 10800 BISCAYNE BLVD.,  
LAW DEPT., MIAMI, FLORIDA, 33161:

SOLE DIRECTOR:	Robert J. New
CHAIRMAN OF THE BOARD:	Robert J. New
VICE PRESIDENT & TREASURER:	Jonathan New
PRESIDENT & CHIEF EXECUTIVE OFFICER:	Stuart Cauff
EXECUTIVE V.P. & CHIEF OPERATING OFFICER:	Wayne Lippman
VICE PRESIDENT:	Daniel Chait
VICE PRESIDENT:	David Vorrath
VICE PRESIDENT:	Richard Giles
EXECUTIVE V.P. & SECRETARY:	Martin Kalb
ASSISTANT SECRETARY:	C. Deryl Couch
ASSISTANT SECRETARY:	Teri M. Trimmer