

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
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DOCUMENT # F98000003602

1. Corporation Name
AIRCRAFT 49262, INC.

Principal Place of Business
9025 BOGGY CREEK ROAD, UNIT #9
ORLANDO FL 32824

Mailing Address
9025 BOGGY CREEK ROAD, UNIT #9
ORLANDO FL 32824

FILED
04-14-1999 90075 004 ***150.00
JULY -5 PM 3:29



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1998

4. FEI Number

APPLIED FOR 59-3518273

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution ☐ Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1900 Summit Tower Blvd

Suite, Apt. #, etc.

22 800

City & State

23 Maitland, FL

Zip

24 32810

Country

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 retreating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME NEW, ROBERT J
STREET ADDRESS 11414 NORTH BAYSHORE DRIVE
CITY-ST-ZIP NORTH MIAMI FL 33181 ☐ DELETE

TITLE V
NAME CHAIT, DANIEL
STREET ADDRESS 8520 NW 42ND STREET
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ DELETE

TITLE SD
NAME KALB, MARTIN
STREET ADDRESS 701 NW 141 AVENUE, APT. 101
CITY-ST-ZIP PEMBROKE PINES FL 33028 ☐ DELETE

TITLE TO
NAME NEW, JONATHAN
STREET ADDRESS 10023 BAY HARBOR TERRACE
CITY-ST-ZIP BAY HARBOR FL 33154 ☐ DELETE

TITLE V
NAME THORNTON, W J
STREET ADDRESS 264 BENCHMARK DRIVE
CITY-ST-ZIP TELLURIDE CO 18435 ☐ DELETE

TITLE V
NAME THORNTON, SAMUEL J
STREET ADDRESS 2216 RIO PINAR LAKES BLVD.
CITY-ST-ZIP ORLANDO FL 32822 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 affidavit with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)