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Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90087 046 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000003629

1. Corporation Name
AIRCRAFT 48008, 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1998

4. FEI Number

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

2. Principal Place of Business

21 1900 Summit tower Blvd

Suite, Apt. #, etc.

22 #860

City & State

23 Mailland, 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

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 PC ☐ DELETE

NAME NEW, ROBERT J

STREET ADDRESS 11414 NORTH BAYSHORE DRIVE

CITY-ST-ZIP NORTH MIAMI FL 33181

TITLE V ☐ DELETE

NAME CHAIT, DANIEL

STREET ADDRESS 8520 NW 42ND STREET

CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE SD ☐ DELETE

NAME KALB, MARTIN

STREET ADDRESS 701 NW 141 AVENUE, APT. 101

CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE V ☐ DELETE

NAME THORNTON, W J

STREET ADDRESS 264 BENCHMARK DRIVE

CITY-ST-ZIP TELLURIDE CO 18435

TITLE V ☐ DELETE

NAME THORNTON, SAMUEL J

STREET ADDRESS 2216 RIO PINAR LAKES BLVD.

CITY-ST-ZIP ORLANDO FL 32822

TITLE V ☐ DELETE

NAME GILES, RICHARD C

STREET ADDRESS 37 RICHARD DRIVE

CITY-ST-ZIP SHORT HILLS NJ 07078

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 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 attachment 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)