

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

0028287

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000006004 ✓

1. Corporation Name
AIRCRAFT 21805, INC.

Principal Place of Business 9420 SW 77TH AVENUE MIAMI FL 33156	Mailing Address 9420 SW 77TH AVENUE MIAMI FL 33156
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2. Principal Place of Business <i>C/O</i> UNICAPITAL CORPORATION 10800 BISCAYNE BOULEVARD SUITE 800 N MIAMI, FL 33161	2a. Mailing Address <i>C/O</i> UNICAPITAL CORPORATION 10800 BISCAYNE BOULEVARD STE 800 N. MIAMI, FL 33161
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/28/1998	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number APPLIED FOR 65-0863447		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
NAME	NEW, ROBERT		1.2 NAME	See Attached Statement	
STREET ADDRESS	10800 BISCAYNE BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	VT	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
NAME	NEW, JONATHAN		2.2 NAME		
STREET ADDRESS	10800 BISCAYNE BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
NAME	CHAIT, DANIEL		3.2 NAME		
STREET ADDRESS	10800 BISCAYNE BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
NAME	GILES, RICHARD		4.2 NAME		
STREET ADDRESS	383 LONG HILL DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SHORT HILLS NJ		4.4 CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
NAME	LIPPMAN, WAYNE		5.2 NAME		
STREET ADDRESS	9420 SW 77TH AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
NAME	CAUFFMAN, STUART		6.2 NAME		
STREET ADDRESS	9420 SW 77TH AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		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 Vorrath* **David A Vorrath - V.P., Tax** 4/27/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

562378-90016-6
#F98 000006004

**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