

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

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F98000006898** ✓

1. Corporation Name  
**AIRCRAFT 49368, INC.**

Principal Place of Business  
**9420 SW 77TH AVENUE  
MIAMI FL 33156**

Mailing Address  
**9420 SW 77TH AVENUE  
MIAMI FL 33156**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

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

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

3. Date Incorporated or Qualified

**12/18/1998**

4. FEI Number

**65-0882608**

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

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

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 checked="" type="checkbox"/> DELETE
NAME	<b>NEW, ROBERT</b>	
STREET ADDRESS	<b>10800 BISCAYNE BLVD.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33161</b>	
TITLE	<b>VT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>NEW, JONATHAN</b>	
STREET ADDRESS	<b>10800 BISCAYNE BLVD.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33161</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CHAIT, DANIEL</b>	
STREET ADDRESS	<b>10800 BISCAYNE BLVD.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33161</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GILES, RICHARD</b>	
STREET ADDRESS	<b>383 LONG HILL DRIVE</b>	
CITY-ST-ZIP	<b>SHORT HILLS NJ 07078</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LIPPMAN, WAYNE</b>	
STREET ADDRESS	<b>9420 SW 77TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CAUFFMAN, STUART</b>	
STREET ADDRESS	<b>9420 SW 77TH 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	<b>See Attached Statement</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
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. Vorrath - V.P., Tax** 4/27/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

362378-40016-17  
# F98000006898

**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