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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

| DOCUMENT # K10353 (6) 1. Corporation Name A.L. AIRCRAFT #4 CORP.  Principal Place of Business Mailing Address  |  |                           |                           |  |  |  |   |            |                                |                        |  |
|--|--|---------------------------|---------------------------|--|--|--|---|------------|--------------------------------|------------------------|--|
| 950 S.E. 12TH ST.<br>HIALEAH FL 33010  |  |                           |                           | 950 S.E. 12TH ST.<br>HIALEAH FL 33010-5931 |  |  |   |            |                                |                        |  |
| tuckerint to we  | <b>.</b>   |                           | PRESIDENT F B. SE         |  |  |  | Date Incorporated or Qua  | lified     | 3a. Date of Last 04/19/1996    | •                      |  |
| 2. Principal P   | lace of Busin  | USS                       | 2a. Mailing Ad            | ldress                                     |  |  | FEI Number  |            | <del></del>                    | Applied For            |  |
| 21   |  |                           | 26                        |  |  |  | 65-0084784  |            |                                | Not Applicable         |  |
| Suite, Apt. #, etc.<br>22  |  |                           |                           | Suite, Apt. #, etc.                        |  |  | Certificate of Status Desire  | ed         | , , ,                          | Additional<br>Required |  |
| City & State   |  |                           |                           | City & State                               |  |  | Election Campaign Finance   | ing        | \$5.0                          | 0 May Be               |  |
| 23   |  |                           | 28 Zip                    |  |  |  | Trust Fund Contribution Added to Fees  8. This corporation has liability for intengible tax under s. 199.032, |            |                                |                        |  |
| Zip<br>24  | ŀ  | Country<br>25             | 29                        | 30   | <b>¬</b>   | 8.   | This corporation has liabil<br>Florida Statutes   | ity tor in | kangible tax under<br>Yes 🔲 No | s. 199.032,            |  |
|  | 9. Name and Address of Current Registered Agent  |                           |                           |  | 10.  | 10. Name and Address of New Registered Agent |   |            |                                |                        |  |
| 950  | azzo, nico<br>Se 12TH S<br>Leah FL 33  | TREET                     |                           |  | <ul><li>81 Name</li><li>82 Street A</li><li>83</li><li>84 City</li></ul> | MIC<br>950                                   | HAEL R. H.  |            | <u> </u>                       | p Code                 |  |
| 11. Pursuant to the provisions of Sections 697.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or high, in the State of vorida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am facultar with, 3d applying obligations of, Section 607.0505, Florida Statutes.  SIGNATURI  Signature has 1 or pulled a fine of registered agent and stilled applicates.  NOTE Registered Agent signature required wher registering.  DATE |  |                           |                           |  |  |  |   |            |                                |                        |  |
| 12.  |  |                           | RS AND DIRECTORS          | (HOIL )                                    | 13.  | ···  | ADDITIONS/CHANGES TO  | OFFICE     | ERS AND DIRECTO                | ORS IN 12              |  |
| 1016   | DPC  | OR, GEORGE E              |                           | DELETE                                     | 1.1 TOLE   |  |   |            | L.] Change                     | Addition               |  |
| NAME<br>STREET ADORESS   | 950 S.E.   |                           |                           |  | 1.2 NAME<br>1.3 STREET ADDRESS   |  |   |            |                                |                        |  |
| CHY-SI-7P  | HIALEAH  |                           |                           |  | 14 City-ST-ZIP   |  |   |            |                                |                        |  |
| HU   | T  | IOUN                      |                           | DELETE                                     | 2 1 TITLE  |  |   |            | Change                         | Addition               |  |
| NAME<br>STREET ADDRESS   | HIGGINS,   | 2TH STREET                |                           |  | 2.3 STREET ADDRESS   |  |   |            |                                |                        |  |
| CHY-S1-7IP   | HIALEAH  |                           |                           | ,  | 2. 4 CITY-ST-ZIP   |  |   |            |                                |                        |  |
| 3111.6   | DS   |                           | X                         | DELETE                                     | 3.1 TITLE  |  |   |            | Change                         | Addition               |  |
| NAME   |  | .or, anne o<br>2th street |                           |  | 32 NAME  |  |   |            |                                |                        |  |
| STREET ADDRESS<br>CHY-SE 20  | HIALEAH  |                           |                           |  | 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP                                       |  | •   |            |                                |                        |  |
| THE  | V  | 202                       |                           | DELETE                                     | 4.1 TITLE  |  |   |            | Chang                          | e 🔲 Addition           |  |
| NAME   | MESECHI  |                           |                           |  | 4. 2 NAME  |  |   |            |                                |                        |  |
| STREET ADORESS   |  | 2th Street                |                           |  | 43 STREET ADDRESS  |  |   |            |                                |                        |  |
| CITY \$1-76*<br>  101; F   | HIALEAH<br>As  | <u>rt</u>                 |                           | DELETE                                     | 4.4 CITY-ST-ZIP<br>5.1 TITLE   | ļ  | *   |            | Change                         | e Addition             |  |
| NAME   |  | , HUMPHREY                | <u></u>                   |  | 5.2 NAME   |  |   |            | Lad County                     | hand y tours off       |  |
| STREET ADDRESS   | 950 SE 1   |                           |                           |  | 5.3 STREET ADDRESS   |  |   |            |                                |                        |  |
| COTY - \$1 - ZiP   | HIALEAH  | FL.                       |                           | ,  | 5.4 CITY-ST-ZIP  |  | 7-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1   |            |                                |                        |  |
| TIFLE  | DATCHE   | OR, MARIANNE              | , X                       | DELETE                                     | 6.1 TITLE  | D/S  |   |            | L Change                       | Addition               |  |
| NAME<br>STREET ADORESS   | 950 SE 1   | •                         | •                         | -  | 6.2 NAME<br>6.3 STREET ADDRESS   | C -  | - ^   |            | سير                            |                        |  |
| City St-Zif  | HIALEAH  |                           |                           |  | 6.4 CITY-ST-ZIP  | 246  | = ATTACHED  | 472        | H                              |                        |  |
| 14. I do herel   | by certily that  | The information so        | ort or sumplemental annua | al report is true                          | or the exemption st  | that my si                                   | ection 119.07(3)(i), Florida (  | ne lenal   | effect as if made a            | inder oath: that l     |  |
| Laman o<br>appears i   | 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 chartier no constitution and address. |                           |                           |  |  |  |   |            |                                | y name                 |  |

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFF

S'T, SECRETARY

3-27-97 (305) 889-6227

**FILED** 

Apr 07 1997 8:00am

Secretary of State

## **OFFICERS & DIRECTORS**

| COMPANY:     | A.L. AIRCRAFT #4 CORP. |   |
|--------------|------------------------|---|
| <u>Title</u> | Name                   | Address                                   |
| P/D/C        | Batchelor, George E.   | 950 S.E. 12th Street<br>Hialeah, FL 33010 |
| D/S          | Batchelor, Marianne T. | 950 S.E. 12th Street<br>Hialeah, FL 33010 |
| D            | Ferraresi, Daniel J.   | 950 S.E. 12th Street<br>Hialeah, FL 33010 |
| V            | Walker, Raymond S.     | 950 S.E. 12th Street<br>Hialeah, FL 33010 |
| v            | Mesecher, Boyd D       | 950 S.E. 12th Street<br>Hialeah, FL 33010 |
| T            | Higgins, John J.       | 950 S.E. 12th Street<br>Hialeah, FL 33010 |
| AS           | Henrickson, Michael R. | 950 S.E. 12th Street<br>Hialeah, FL 33010 |
| AS           | Dawson, Humphrey -     | 950 S.E. 12th Street<br>Hialeah, FL 33010 |

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