

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K10353** (6)  
1. Corporation Name  
**AL. AIRCRAFT #4 CORP.**

Principal Place of Business <b>950 S.E. 12TH ST. HIALEAH FL 33010</b>	Mailing Address <b>950 S.E. 12TH ST. HIALEAH FL 33010</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/04/1988</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0084784</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HENRICKSON, MICHAEL R 950 SE 12TH STREET HIALEAH FL 33010</b>		10. Name and Address of New Registered Agent	
81 Name		<b>POLK, RHONDA S.</b>	
82 Street Address (P.O. Box Number is Not Acceptable)		<b>950 S.E. 12th STREET</b>	
83			
84 City		<b>HIALEAH FL 33010</b>	

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 *Rhonda S. Polk, Asst. Secretary* DATE **5/6/98**  
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	<b>DPC</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BATCHELOR, GEORGE E.</b>	1.2 NAME	
STREET ADDRESS	<b>950 S.E. 12TH ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HIGGINS, JOHN</b>	2.2 NAME	
STREET ADDRESS	<b>950 SE 12TH STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERARRESI, DANIEL J</b>	3.2 NAME	<b>FERARRESI, DANIEL J.</b>
STREET ADDRESS	<b>950 SE 12TH STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MESECHER, BOYD</b>	4.2 NAME	<b>SIMKOVITZ, LEONARD</b>
STREET ADDRESS	<b>950 SE 12TH STREET</b>	4.3 STREET ADDRESS	<b>950 SE 12th Street</b>
CITY-ST-ZIP	<b>HIALEAH FL</b>	4.4 CITY-ST-ZIP	<b>HIALEAH, FL</b>
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAWSON, HUMPHREY</b>	5.2 NAME	
STREET ADDRESS	<b>950 SE 12TH ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BATCHELOR, MARIANNE T</b>	6.2 NAME	
STREET ADDRESS	<b>950 SE 12TH ST</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL</b>	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.

SIGNATURE: *Rhonda S. Polk, Asst. Secretary* DATE: **4/13/98** (305) 889-6222

CR2E034 (10/97)

### **OFFICERS & DIRECTORS**

**COMPANY:**      **A.L. AIRCRAFT #4 CORP.**

<b><u>Title</u></b>	<b><u>Name</u></b>	<b><u>Address</u></b>
AS	Polk, Rhonda S.	950 S.E. 12th Street Hialeah, FL 33010