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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90107 029 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K10353

1. Corporation Name

A.L. AIRCRAFT #4 CORP.

Principal Place of Business

950 S.E. 12TH ST.
HIALEAH FL 33010

Mailing Address

950 S.E. 12TH ST.
HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/04/1988

4. FEI Number

65-0084784

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

POLK, RHONDA S
950 SE 12TH STREET
HIALEAH FL 33010

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 DPC
NAME BATCHELOR, GEORGE E.
STREET ADDRESS 950 S.E. 12TH ST.
CITY-ST-ZIP HIALEAH FL

☒ DELETE

TITLE T
NAME HIGGINS, JOHN
STREET ADDRESS 950 SE 12TH STREET
CITY-ST-ZIP HIALEAH FL

☒ DELETE

TITLE D
NAME FERRARESI, DANIEL J
STREET ADDRESS 950 SE 12TH STREET
CITY-ST-ZIP HIALEAH FL

☒ DELETE

TITLE V
NAME SIMKOVITZ, LEONARD
STREET ADDRESS 950 SE 12TH STREET
CITY-ST-ZIP HIALEAH FL

☒ DELETE

TITLE AS
NAME DAWSON, HUMPHREY
STREET ADDRESS 950 SE 12TH ST.
CITY-ST-ZIP HIALEAH FL

☒ DELETE

TITLE DS
NAME BATCHELOR, MARIANNE T
STREET ADDRESS 950 SE 12TH ST.
CITY-ST-ZIP HIALEAH FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME TIRRI, SR. ANTHONY C.
1.3 STREET ADDRESS 950 SE 12TH STREET
1.4 CITY-ST-ZIP HIALEAH FL

☒ Change

☐ Addition

2.1 TITLE DT
2.2 NAME EBERT, JOHN C.
2.3 STREET ADDRESS 950 SE 12TH STREET
2.4 CITY-ST-ZIP HIALEAH, FL

☒ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE VP
4.2 NAME TIRRI, JR. ANTHONY C.
4.3 STREET ADDRESS 950 SE 12TH STREET
4.4 CITY-ST-ZIP HIALEAH, FL

☒ Change

☐ Addition

5.1 TITLE AS
5.2 NAME POLK, RHONDA S.
5.3 STREET ADDRESS 950 SE 12TH STREET
5.4 CITY-ST-ZIP HIALEAH, FL

☒ Change

☐ Addition

6.1 TITLE DS
6.2 NAME TIRRI, JEAN M.
6.3 STREET ADDRESS 950 SE 12TH STREET
6.4 CITY-ST-ZIP HIALEAH, FL

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Rhonda S. Polk*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

Daytime Phone #

(305) 889-6222

CR2E034 (1/198)