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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000021395 (6)

ALL AIRCRAFT SALES, INC.

Principal Place of Business Mailing Address

FILED Apr 15 1998 8:00am Secretary of State



riiiciparriaci	e of Dusilless	Mailing Address						
6591 SKYLINE DRIVE 6591 SKYLINE DRIVE								
DELRAY BEAC	CH FL 33446	DELRAY BEACH FL 33446						
					DO NOT WRITE IN THIS S	SPACE		
					3. Date Incorporated or Qualified			
					03/18/1994			
Principal Place of Business 2a. Mailing Address					4. FEI Number	TA	pplied For	
21	26			65-0475389		-	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							Additional	
22 27					5. Certificate of Status Desired	-	lequired	
City & State	9	City & State			6 Flooting Common Fire and		'	
23 28					Election Campaign Financing Trust Fund Contribution		May Be	
Zip								
24				y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
24	20 Name and Address of Course	[29]	30				_] No	
	9. Name and Address of Curre	nt Registered Agent	81	T	10. Name and Address of New Registered	lgent .		
ARI	ONOWITZ, JACK L		•1	Name	•			
6591 SKYLINE DRIVE				Street	Address (P.O. Box Number is Not Acceptable)			
DELRAY BEACH FL 33446				Silver Medicines (1.5. Box Melinber is 1404 Acceptable)				
			83	3				
			L					
			84	City		85 Zip	Code	
44 5				<u></u>	<u>FL</u>			
office or re	to the provisions of Sections 607.050 existered agent, or both, in the State	U2 and 607.1508, Florida Stati e of Florida. Such change was	utes, the abov	re-nameo	d corporation submits this statement for the purpose of poration's board of directors. I hereby accept the appearance of the statement of the purpose of poration's board of directors.	changing i	ts registered	
agent. I ai	m familiar with, and accept the oblig	jations of, Section 607.0505, f	Florida Statute) in 0 001	poration a board of directors. Thereby accept the app	JIIIII KOIII GIS	registered	
SIGNATURE								
	Signature, typed or printed name of registered ag	jent and title if applicable (Nf	DTE Registered A	ent signatur	e required when reinstating) DATE			
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
TITLE	D	DELETE	1.1 TITLE		1	Change	Addition	
NAME	ARONOWITZ, JACK		1.2 NAME					
STREET ADDRESS	6591 SKYLINE DR.			T ADDRESS	Epstein, MARTIN. 3341 SW 15th Street Pompano Beach FL 3	-,		
	DELRAY BEACH FL 33446				3341 500 15 -1 311	2 4/	0	
CITY - ST - ZIP	DELINAT DEAUTI FL 33446	T occur	1.4 CITY-		rompano is each PL 3	306	7	
TITLE		☐ DELETE	2.1 TITLE			Change	Addition	
NAME			2.2 NAME					
STREET ADORESS			2.3 STREE	T ADDRESS			ŀ	
CITY-ST-ZIP			2.4 CITY-	ST-ZIP	1			
TITLE		☐ DELETE	3.1 TITLE			Change	Addition	
NAME		-	3.2 NAME					
							1	
STREET ADDRESS				T ADDRESS			- 1	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME		1		l	
STREET ADDRESS			4.3 STREE	T ADDRESS			!	
CITY-ST-ZIP			4.4 CITY-				Ì	
TITLE		DELETE	5.1 TITLE	71 - LII		Change	Addition	
						- Cusuide	L.J Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	<u> `</u> _		ŀ	
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME			-		
STREET ADDRESS			3.2.19.176		i .		1	
S. ALI MOUNESS			6 2 CTDCC	TANNACCO	1		1	
CITY OF THE				T ADDRESS				
CITY-ST-ZIP	actify that the information assembled	ith this films does not life	6.4 CITY-5	ST-ZIP	ed in Section 119.07(3)(i), Florida Statutes. I further cer			

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 of the receiver of 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 changes or any an attachment with an address.

CICAIATIIDE.

4/10/98

954-679-0400