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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000046811 (2)

BOCA AIRCRAFT LEASING NUMBER 100, INC.

Principal Place of Business **EXECUTIVE COURT IL SUITE 232** 

**FILED** Feb 04 1997 8:00am Secretary of State



| EXECUTIVE COURT II. SUITE 232<br>2300 CORPORATE BLVD., N.W.<br>BOCA RATON FL 33431 |  | EXECUTIVE COURT II. SUITE 232<br>2300 CORPORATE BLVD., N.W.<br>BOCA RATON FL 33431-7374 |                               |  |   |                                  |               |
|--|--|---|-------------------------------|--|---|----------------------------------|---------------|
|  |  |   |                               |  | 3, Date Incorporated or Qualified 06/14/1995  | 3a. Date of Last F<br>04/18/1996 | teport        |
| 2. Principal Pi  | ace of Business  | 2a. Mailing Address   | 2a. Mailing Address           |  | 4. FEI Number   | A                                | oplied For    |
| 21   |  | 26  |                               |  | 65-0602157  |                                  | ot Applicable |
| Suite, Apt #, etc.   |  | Suite, Apt. #, etc.   |                               |  | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required   |               |
| City & State   |  | City & State  | <b>├</b> ¬ '                  |  | Election Campaign Financing     Trust Fund Contribution                                 | \$5.00 May Be Added to Fees      |               |
| Zip<br><b>24</b>   | Country 25   | Zip<br>29   | Country<br>30                 | /  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |                                  |               |
| 9. Name and Address of Current Registered Agent                                    |  |   |                               | 10. Name and Address of New Registered Agent |   |                                  |               |
| BECK, LOUIS S  |  |   |                               | 81 Name                                      |   |                                  |               |
| EXECUTIVE COURT II, SUITE 232  |  |   | 82                            | Street Add                                   | xddress (P.O. Box Number is Not Acceptable)   |                                  |               |
|  | O CORPORATE BLVD., N.W.<br>CA RATON FL 33431                                   |   | 83                            |  |   |                                  |               |
|  |  |   | 64                            |  |   | FL                               | Code          |
| 11. Pursuant t   | o the provisions of Sections 607.05  | 02 and 607.1508, Florida Statute  | es, the abov                  | e-named cor                                  | poration submits this statement for the p   | urpose of changing               | ts registered |
| office or re   | egistered agent, or both, in the Stat<br>m familiar with, and accept the oblic | e of Florida. Such change was a<br>dations of, Section 607,0505, Flo                    | iutnorizeo b<br>irida Statute | y the corpora<br>s.                          | ation's board of directors. I hereby accep  | it the appointment as            | registered    |
|  |  | •   |                               |  |   |                                  |               |
| SIGNATURE  | Signature, typed or printed hame of registered as                              | gent and title if applicable (NOT)  | : Registered Ag               | ent signature requ                           | drad when reinstaling)  | DATE                             |               |
| 12.  | OFFICERS AT  | ND DIRECTORS  | 13.                           |  | ADDITIONS/CHANGES TO OFFIC  | ERS AND DIRECTO                  | RS IN 12      |
| TITLE  | P  | DELETE  | 1.1 TITLE                     |  |   | Change                           | ☐ Addition    |
| NAME   | BECK, LOUIS S.   |   | 1,2 NAME                      |  |   |                                  |               |
| STREET ADDRESS   | EXECUTIVE COURT II, STE 2  | 32  | 1.3 STREE                     | T ADDRESS                                    |   |                                  |               |
| CITY-ST-ZIP  | BOCA RATON FL  |   | 1.4 CITY-                     | l l  | •   |                                  |               |
| TITLE  | V  | DELETE  | 2.1 TITLE                     | 0, 2,  | ······································  | Change                           | Addition      |
|  |  |   | 2.2 NAME                      |  |   |                                  | _             |
| NAME   |  |   |                               | T ADDRESS                                    |   |                                  |               |
| STREET ADDRESS   |  | 32  |                               |  |   |                                  |               |
| CITY - ST - ZIP  |  |   | 2. 4 CITY                     | S1-ZIP                                       |   | Change                           | Addition      |
| TITLE  | PEOK LOUIS S   |   | 3.1 TITLE                     |  |   | □ ∩ ounde                        | FINDIONI L    |
| NAME   | BECK, LOUIS S.   | 100   | 3.2 NAME                      |  |   |                                  |               |
| STREET ADDRESS   | EXECUTIVE COURT II, STE 2  | 32  |                               | T ADDRESS                                    |   |                                  | İ             |
| CITY - ST - ZIP  | BOCA RATON FL  | I'l briere  | 3.4. CITY                     | ·ST-ZIP                                      |   | Change                           | Addition      |
| TITLE  | S  | ☐ DELETE  | 4.1 TITLE                     |  | ·   | L.J. Criaritje                   | TT MODELLOU   |
| NAME   | BECK, PATTY  |   | 4. 2 NAM                      |  |   |                                  |               |
| STREET ADDRESS   | EXECUTIVE COURT II, STE 2  | <b>732</b>  | 4.3 STREE                     | T ADDRESS                                    |   |                                  |               |
| CITY-51-7IP  | BOCA RATON FL  |   | 44 CITY-                      | ST-ZIP                                       |   |                                  | T g Julii     |
| TITLE  |  | ☐ DELETÉ  | 5.1 TITLE                     | 1  |   | ☐ Change                         | Addition      |
| NAME   |  |   | 5.2 NAME                      |  |   |                                  |               |
| STREET ADDRESS   |  |   | 5.3 STREE                     | T ADDRESS                                    |   |                                  |               |
| CITY-\$1-ZIP   |  |   | 5.4 CITY-                     | ST-ZIP                                       |   |                                  |               |
| TITLE  |  | DELETE  | 6.1 TITLE                     |  |   | Change                           | ☐ Addition    |
| NAME   |  |   | 6.2 NAME                      |  |   |                                  |               |
| STREET ADDRESS   |  |   | 6.3 STREE                     | T ADDRESS                                    |   |                                  | İ             |
| CITY-ST-ZIP  |  |   | 6.4 CITY-                     | \$1-ZIP                                      |   |                                  |               |

14. I do 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis S. Beck

1-17-97 Date

513-489-1955

Davlime Phone #