

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.
AMOUNT DUE ON OR BEFORE 8/7/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUN 26 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 095000046812

1. Corporation Name BOCA AIRCRAFT LEASING NUMBER 101, INC.

Principal Place of Business
2300 CORPORATE BLVD., NW
BOCA RATON, FL 33431

Mailing Address
2300 CORPORATE BLVD., NW
BOCA RATON, FL 33431

3. Date incorporated or Qualified
6/14/95

3a. Date of Last Report
12/31/96

2. Principal Place of Business
21 SAME

2a. Mailing Address
26 SAME

4. FEI Number
65-0602160

Applied For
Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired
☒ \$8.75 Additional
Fee Required

City & State
23

City & State
28

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

ZIP Country
24 25

ZIP Country
29 30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SAME LOUIS S. BECK
2300 CORPORATE BLVD. N.W., SUITE 232
BOCA RATON, FL 33431

10. Name and Address of New Registered Agent

81 Name SAME

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 ZIP

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 PRESIDENT ☐ DELETE
NAME LOUIS S. BECK
STREET ADDRESS 2300 CORPORATE BLVD., NW
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE VICE-PRESIDENT ☐ DELETE
NAME PATTY BECK
STREET ADDRESS 2300 CORPORATE BLVD., NW
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE TREASURER ☐ DELETE
NAME LOUIS S. BECK
STREET ADDRESS SAME
CITY-ST-ZIP

TITLE SECRETARY ☐ DELETE
NAME PATTY BECK
STREET ADDRESS SAME
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME 200002229482-9
1.3 STREET ADDRESS -07/02/97-01097-006
1.4 CITY-ST-ZIP *****173.75 *****173.75

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(d), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] President

6-4-97

561 997 2325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #