

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 # P97000096099 (1)

1. Corporation Name

AEROSPACE FINANCE CORP.

Principal Place of Business

950 S.E. 12TH STREET  
HIALEAH FL 33010

Mailing Address

950 S.E. 12TH STREET  
HIALEAH FL 33010

FILED

98 FEB -6 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1997

4. FEI Number

65-0809777

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

FILINGS, INC.  
3732 N.W. 18TH STREET  
FT. LAUDERDALE FL 33311-4132

10. Name and Address of New Registered Agent

81 Name

RHONDA S. POLK, ESQ.

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

950 S.E. 12th STREET

83

Hialeah, FL 33010

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

*Rhonda S. Polk*  
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 ☒ DELETE

NAME HENRICKSON, MICHAEL R  
STREET ADDRESS 950 S.E. 12TH STREET  
CITY-ST-ZIP HIALEAH FL 33010

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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 VP/SECRETARY  
RHONDA S. POLK, ESQ.  
1.3 STREET ADDRESS 950 S.E. 12th Street  
1.4 CITY-ST-ZIP Hialeah, FL 33010

2.1 TITLE ☒ Change ☒ Addition

2.2 NAME DIRECTOR/CEO  
BATCHELOR, GEORGE E.  
2.3 STREET ADDRESS 950 S.E. 12th STREET  
2.4 CITY-ST-ZIP Hialeah, FL 33010

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME DIRECTOR/VP  
BATCHELOR, MARIANNE T.  
3.3 STREET ADDRESS 950 S.E. 12th Street  
3.4 CITY-ST-ZIP Hialeah, Florida 33010

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME VP/Controller  
GILLIS, CHRIS  
4.3 STREET ADDRESS 950 S.E. 12th Street  
4.4 CITY-ST-ZIP Hialeah, Florida 33010

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME 400002426534--6  
5.3 STREET ADDRESS -02/10/98--01039--005  
5.4 CITY-ST-ZIP \*\*\*150.00 \*\*\*150.00

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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.

CR2E034 (10/97)