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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mörtham 📍

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000109155 (6)

C & F AIRCRAFT INC.

| Principal Place of Business Mailing Address | | | | | | | | | a indicado los colas camis anista desti desti suas anista desti indicada de coloridad de coloridad de coloridad |
|--|--|------------------|--|---------------------|------------------|---|--------------------------------|----------------------------|---|
| B220 STATE DAVIE FL 33 | ROAD 84 SU 1324 | | 8220 STATE ROAD 84 SUITE 200 DAVIE FL 33324 | | | | | DO NOT WRITE IN THIS SPACE | |
| • | | | | | | | | | 3. Date Incorporated or Qualified 12/31/1997 |
| 2. Principal F | lace of Busin | noss | 2a, Mai | 2a, Mailing Address | | | | | 4. 551 Number Applied For |
| 21 | | | 26 | 26 | | | | | HPPL/ED FOR Not Applicable |
| Suite, Apt. | #, etc. | | Sui | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired S8.75 Additional |
| 22 | | | 27 | | | | | | Fee Required |
| City & Stat | le | | — ` | City & State | | | | | Election Campaign Financing \$5.00 May Be |
| 23 | | | | 28 | | | | | Trust Fund Contribution |
| | Zip Country | | | Zip Cour | | | | | 8. This corporation owes or has paid the current year Intangible |
| 24 25 9. Name and Address of Curre | | | | 29 30 | | | | | Personal Property Tax due June 30. Yes No |
| | | | nt Hegistere | Agent | | 81 | Nome | | 10. Name and Address of New Registered Agent |
| | REED, JERE | | | | | " | Name | • | |
| 8220 STATE ROAD 84 SUITE 200 | | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | ss (P.O. Box Number is Not Acceptable) |
| [DA | ME FL 333 | 24 | | | | | | | |
| | | | | | | 83 | | | |
| , . | | | | | | | 4 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 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) | | | | | | | | | |
| 12, | Olgradoro, typec | | ND DIRECTOR | | 13. | u ngo | in bigriator | o regoires | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | VSD | OI HOLHO A | Director | DELETE | 1.1 TI | TI F | | T | Change Addition |
| NAME | | S, J. CLIFFORD | | <u></u> | l. | | | i | |
| STREET ADDRESS | | ATE ROAD 84 SUIT | F 200 | 400 | | | 1.2 NAME | | |
| BALMP PL AAAAA | | | | | | 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | | | |
| CITY-ST-ZIP TITLE | PD | L 00024 | | DELETE | 1.4 CI 2.1 TI | | 1-2IP | | Change Addition |
| NAME | | IEDE D | | | | | | | |
| | NAME CREED, JERE D STREET ADDRESS 8220 STATE ROAD 84 SUITE | | | | | | 2.2 NAME 2.3 STREET ADDRESS | | |
| DALKE EL COCCA | | | L 200 | | | | 2. 4 City-ST-ZIP | | |
| CITY-ST-ZIP TITLE | DUANC 1 | E 990ET | | DELETE | 3.1 Ti | | 1-219 | - | Change Addition |
| NAME | 1 | | | C) breeve | 3.2 NA | | | | |
| STREET ADORESS | | | | | 3.3 STREET A | | | 1 | |
| | | | | | 3.4. CITY-ST-ZIP | | | | |
| CITY-ST-ZIP TITLE | -217 | | | DELETE | DELETE 4.1 TIT | | | | ☐ Change ☐ Addition |
| NAME | 1 | | | | 4.2 NA | | | | Ontarigo [Fradricon |
| | STREET ADDRESS | | | 4.3 ST | | | *DD0ECC | ì | |
| | | | | | | | | | |
| CITY-ST-ZIP TITLE | | | | DELETE | 5.1 TI | TY-ST | I-ZIP | ├ | ☐ Change ☐ Addition |
| | | | | _ висте | | | | | |
| NAME STORES ADDOCCO | | | | | 5.2 N/ | | 4 DDDCCC | | 2,25 |
| STREET ADDRESS | | | | | | | ADDRESS | İ | |
| CITY-ST-ZIP TITLE | | | | DELETE | 5.4 CI 6.1 TI | TY-ST | - 211 | | Change Addition |
| | | | | | | | | | 500002439985 |
| NAME | , | | | | 6.2 N/ | | | | -02/25/9801007029 |
| STREET ADORESS | | | | | 6.3 ST | HEET | ADDRESS | | ***150.00 |

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 of 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.

Feb 25 1998 8:00am

Secretary of State