

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

**FILED**  
**Mar 26, 1999 8:00 am**  
**Secretary of State**

03-26-1999 90031 040 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000029727

1. Corporation Name  
 OAKENHURST AIRCRAFT TRADING LIMITED, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 1505 SW 109TH AVE. BLDG 3, #202  
 PEMBROKE PINES FL 33025

Mailing Address  
 1505 SW 109TH AVE. BLDG 3, #202  
 PEMBROKE PINES FL 33025

3. Date Incorporated or Qualified  
 03/31/1998

2. Principal Place of Business  
 21 5200 NW 33<sup>RD</sup> Ave.  
 Suite, Apt. #, etc.  
 22 Suite 211  
 City & State  
 23 Ft. Lauderdale, FL  
 Zip Country  
 24 33309 25 USA

2a. Mailing Address  
 26 5200 NW 33<sup>RD</sup> Avenue  
 Suite, Apt. #, etc.  
 27 Suite 211  
 City & State  
 28 Ft. Lauderdale, FL  
 Zip Country  
 29 33309 30 USA

4. FEI Number  
 65-0824904

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 the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
 SCHLACHTER, JAMES R  
 10431 S.W. 50TH STREET  
 COOPER CITY FL 33328

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>DP</del> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DITMARS, TODD E	1.2 NAME	
STREET ADDRESS	1505 SW 109TH AVE, BLDG 3, #202	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAUDELL, PETER D	2.2 NAME	
STREET ADDRESS	2 STOCKWELL CTR, STEPHSON WAY, 3 BRIDGES	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWLEY, SUSSEX RH101TN UK	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLACHTER, JAMES R	3.2 NAME	PRESIDENT, DIRECTOR
STREET ADDRESS	1505 SW 109TH AVE., BLDG.3, #202	3.3 STREET ADDRESS	Schlachter, James R
CITY-ST-ZIP	PEMBROKE PINES FL 33025	3.4 CITY-ST-ZIP	10431 SW 50 ST. Cooper City, FL 33328
TITLE	<del>VD</del> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	READ, ANTHONY D	4.2 NAME	
STREET ADDRESS	1505 SW 109TH AVE., BLDG.3 #202	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: James R Schlachter *James R Schlachter* 3/24/99 954 735-7300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (1/98)