

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

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97 JAN 24 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # S35817 (3)**  
1. Corporation Name  
**AIRPLANES, INC.**

Principal Place of Business: 2255 GLADES RD. SUITE 340 WEST BOCA RATON FL 33431  
Mailing Address: 2255 GLADES RD. SUITE 340 WEST BOCA RATON FL 33431-7382

3. Date Incorporated or Qualified: 03/06/1991  
3a. Date of Last Report: 09/25/1996  
4. FEI Number: 65-0253851  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 1894 S.W. St. Andrew Drive  
2a. Mailing Address: 1894 S.W. St. Andrew Drive  
21. Suite, Apt. #, etc.:  
22. City & State: Palm City FL  
23. Zip: 34990 Country: Martin  
24. Zip: 34990 Country: Martin  
25. Zip: 34990 Country: Martin  
26. Suite, Apt. #, etc.:  
27. City & State: Palm City, FL  
28. Zip: 34990 Country: Martin  
29. Zip: 34990 Country: Martin  
30. Zip: 34990 Country: Martin

9. Name and Address of Current Registered Agent  
**SUNDHEIM, MICHAEL**  
1894 S.W. ST ANDREWS DRIVE  
PALM CITY FL 34990

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUNDHEIM, MICHAEL	1.2 NAME	
STREET ADDRESS	1894 SW ST ANDREWS DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUNDHEIM, PRISCILLA	2.2 NAME	
STREET ADDRESS	1894 SW ST ANDREWS DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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	

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01/24/97-01072--005  
\*\*\*165.00 \*\*\*165.00

*A. Alan*  
1/24/97

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 or changed, or on an attachment with an address.

SIGNATURE: *Michael Sundheim*  
Michael Sundheim, President  
21 JAN 97  
561/220-9958  
Date: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)