

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

007723

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED

99 AUG 12 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S95778

1. Corporation Name

LTI AIRCRAFT FINANCE COMPANY

Principal Place of Business

5713 CORPORATE WAY  
200  
WEST PALM BEACH FL 33409  
US

Mailing Address

5713 CORPORATE WAY  
200  
WEST PALM BEACH FL 33409  
US

07/08/99 90010015 \$550.00  
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1991

4. FEI Number

65-0302489

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.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FURMAN, JACK  
BANK ATLANTIC  
1750 E. SUNRISE BOULEVARD  
FT. LAUDERDALE FL 33304

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 *Jack A. Furman*  
Signature, typed or printed name of registered agent and title if applicable

JACK A. FURMAN  
(NOTE: Registered Agent signature required when reinstating)

7/28/99  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	GRAHAM, ANTHONY	5713 CORPORATE WAY	WEST PALM BEACH FL	<input type="checkbox"/>
V	WHORL, TOD C	5713 CORPORATE WAY #200	WEST PALM BEACH FL 33407	<input type="checkbox"/>
V	LUTZ, CHARLES W	5713 CORPORATE WAY, #200	WEST PALM BEACH FL 33409	<input checked="" type="checkbox"/>
T	MAURONER, SUZANNE	5713 CORPORATE WAY, #200	WEST PALM BEACH FL 33409	<input type="checkbox"/>
AVP	WEISHEIT, DEBORAH	5713 CORPORATE WAY, #200	WEST PALM BEACH FL 33409	<input type="checkbox"/>
CS	PROCTOR, NANCY	5713 CORPORATE WAY, #200	WEST PALM BEACH FL 33409	<input checked="" type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 (5/99)