## 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 # V21679

(8)

ALL AIRCRAFT, INC.

NO.

FILED
May 04 1998 8:00am
Secretary of State



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Principal Place		Mailing Address						
4501 N.W. 103RD AVENUE 4611 SOUTHWEST 30TH W								
#103   Sunfise Fl 333\$1		FT. LAUDERDALE FL 33312			DO NOT WRITE IN THIS SPACE			
OOMINGE TE					3. Date Incorp 03/17/19	orated or Qualified		
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For		
21		26			65-0392185			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Additional		
22		27		5. Certificate	Ji Status Desireu	Fee	Required	
City & State		City & Stale	City & Stale		Election Campaign Financing \$5.00 May Be			
23		28		Trust Fund Contribution Added to Fees				
Zip	Country	Zip	_ Countr	У		ation owes or has pai		
24	25	29 3	0			operty Tax due June		L No
	9. Name and Address of Curre	nt Registered Agent			10. Name and	Address of New Reg		
	LLS, MICEAEL		81	Name	FALLS	Michi	e, et	İ
4611 <b>\$W</b> 30TH WAY			82	2 Street Ad	kiress (P.O. Box Nur	nber is Not Acceptab	<u> </u>	
FT. LAUDERDALE FL 33312					73/-1 ^	1.E. 12	/ E/S	
			83	9				
			84	City 1	î	0	- 85 Z	ip Code
				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	BOYNTON	BEACH	FL ° 5	io Code 3 3435
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.								
agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE MILES FRES								
	<del></del>	· · · · · · · · · · · · · · · · · · ·		gent signature rec	goired when reinstating)	CHANGES TO OFFIC	EDO AND DIDEOT	000 0140
12.	P8 OFFICERS AN	ND DIRECTORS DELETE	13. 1.1 TITLE		ADDITIONS	CHANGES TO OFFIC	Chang	
TITLE	FALLS, MICHAEL B.	DECENE	1					, Drauman
NAME	4501 N.W. 103 AVENUE, #1	03	1,2 NAME					
STREET ADDRESS	SUNRISE FL 33351	00		ET ADDRESS				
CITY-ST-ZIP	DOMINOL 12 00001	DELETE	1.4 CITY- 2 1 TITLE				Chang	e Addition
TITLE		_ beece	2.2 NAME					
NAME				ET ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP TITLE		DELETE	2 4 City 3 1 Trile	$\longrightarrow$			Chang	e Addition
NAME			3.2 NAME					
STREET ADDRESS				ET ADDRESS				ŀ
			3.4. CITY					
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE			A-+	Chang	ge Addition
NAME			4. 2 NAM					-
STREET ADDRESS				ET ADDRESS				
			4.4 CITY-	l				
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE			<del></del>	Chang	je 🔲 Addition
NAME			5.2 NAME	1				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			5.4 CITY					
TITLE		DELE <b>te</b>	6.1 TITLE				Chang	ge Addition
NAME			6.2 NAME					
STREET ADDRESS			1	ET ADDRESS				1
			1					
CITY-ST-ZIP			6.4 CITY-	- 51 * ZIF		OL Clasida Otabidaa I	f	45 - 1-14

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.

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