

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V61099** (0)

1. Corporation Name

AIRCRAFT 21833, INC.



Principal Place of Business

**C/O KOLTUN & GREENBERG
7101 SW 102ND AVENUE
MIAMI FL 33173**

Mailing Address

**C/O KOLTUN & GREENBERG
7101 SW 102ND AVENUE
MIAMI FL 33173**

3. Date Incorporated or Qualified
09/01/1992

3a. Date of Last Report
08/08/1995

4. FLE Number
65-0396574

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREENBERG, STEWART G
KOLTUN & GREENBERG, P.A.
7101 S.W. 102 ND AVENUE
MIAMI FL 33173**

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

Signature of Registered Agent (if not the same as the corporation's registered agent)

Signature of Registered Agent (if not the same as the corporation's registered agent)

(Date)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD CAUFF, STUART L**
STREET ADDRESS **7101 SW 102 AVE.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **VSD LIPPMAN, WAYNE D.**
STREET ADDRESS **7101 S.W. 102ND AVENUE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition

21. NAME

22. STREET ADDRESS

23. CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

31. NAME

32. STREET ADDRESS

33. CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

41. NAME

42. STREET ADDRESS

43. CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

51. NAME

52. STREET ADDRESS

53. CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

61. NAME

62. STREET ADDRESS

63. CITY-ST-ZIP

64. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, the receiver or trustee, and authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stuart Cauff

5/1/96

(365) 274-7273

CR2E034 (12/95)