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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L16304 (2)

**1. Corporation Name
INTERNATIONAL AVIATION LEASING, INC.**

Principal Place of Business 390 N ORANGE AVE., SUITE 1300 359 CAROLINA AVENUE ORLANDO FL 32801	Mailing Address 280 W. CANTON AVE STE. 430 WINTER PARK FL 32789 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/18/1989	3a. Date of Last Report 07/06/1994
4. FEI Number 58-2969401	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 222 W. COMSTOCK AVENUE Suite, Apt. #, etc. 22 221 City & State 23 WINTER PARK FL Zip 24 32789 Country 25 ORANGE	2a. Mailing Address 26 222 W. COMSTOCK AVENUE Suite, Apt. #, etc. 27 221 City & State 28 WINTER PARK FL Zip 29 32789 Country 30 ORANGE
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9. Name and Address of Current Registered Agent BRADLEY, STEPHEN W. 280 W. CANTON AVE. SUITE 430 WINTER PARK FL 32789	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 222 W. COMSTOCK AVENUE, SUITE 221 83 221 84 City WINTER PARK FL 85 Zip Code 32789
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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 reconstituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	BRADLEY, STEPHEN W. 280 W. CANTON AVENUE, SUITE 430 WINTER PARK FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	222 W. COMSTOCK AVENUE, SUITE 221
CITY - ST - ZIP		1.4 CITY - ST - ZIP	32789
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		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	

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 110.07(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 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.

SIGNATURE: *Stephen W. Bradley* **STEPHEN W. BRADLEY** 4/21/95 407-740-8000
WORKING AND TYPING ON PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR (Date) (Telephone Number)