

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

INCORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Teresa B. Martinez
Secretary of State
Tallahassee, Florida 32399-0400

APPROVED
AND
FILED

DOCUMENT # **L43155**

(5)

95 MAY 10 AM 10:35

1. Corporation Name

WILLIAMS AIR LEASING, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

**3406 S.W. 9TH AVENUE
FORT LAUDERDALE FL 33315**

3. Mailing Address

**3406 S.W. 9TH AVENUE
FORT LAUDERDALE FL 33315**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/12/1990	3a. Date of Last Report 04/22/1994
4. FEI Number 65-0339700	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
7. This corporation is exempt from the provisions of Chapter 407, Florida Statutes. ☒ Yes ☐ No	

2. Principal Office Address	2a. Mailing Address
21. State, Apt. # etc.	26. State, Apt. # etc.
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent

**DENMAN, JAMES B.
1415 E. SUNRISE BLVD.
SUITE 501
FORT LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Applicable)	
83. City	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607 (b)(1) and (b)(2), 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 Sections 607 (b)(1) and (b)(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required when changing)

Signature of Registered Agent (Required when changing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D WILLIAMS, JAMES B. 1415 E. SUNRISE BLVD. FT. LAUDERDALE FL	1. NAME	☐ Change ☐ Addition
STREET ADDRESS	PD WILLIAMS, HELENA B. 222 N. LOCKWOOD AVE. CHICAGO IL	2. NAME	☐ Change ☐ Addition
CITY		3. NAME	☐ Change ☐ Addition
STATE		4. NAME	☐ Change ☐ Addition
ZIP		5. NAME	☐ Change ☐ Addition
NAME		6. NAME	☐ Change ☐ Addition
STREET ADDRESS		7. NAME	☐ Change ☐ Addition
CITY		8. NAME	☐ Change ☐ Addition
STATE		9. NAME	☐ Change ☐ Addition
ZIP		10. NAME	☐ Change ☐ Addition
NAME		11. NAME	☐ Change ☐ Addition
STREET ADDRESS		12. NAME	☐ Change ☐ Addition
CITY		13. NAME	☐ Change ☐ Addition
STATE		14. NAME	☐ Change ☐ Addition
ZIP		15. NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 419.02(1)(b), Florida Statutes. I further certify that the information included 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 1a, of the change of office or agent filing form.

SIGNATURE:

James Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-01-95