

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90095 045 ***150.00

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DOCUMENT # F96000003159

1. Corporation Name

AVIATION SALES LEASING COMPANY

Principal Place of Business

6905 NW 25TH ST
MIAMI FL 33122

Mailing Address

6905 NW 25TH ST
MIAMI FL 33122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1996

4. FEI Number

65-0665658

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE
NAME BAKER, DALE S
STREET ADDRESS 6905 NW 25TH ST
CITY-ST-ZIP MIAMI FL 33122

TITLE CEO ☒ DELETE
NAME BAKER, DALE S
STREET ADDRESS 6905 NW 25TH ST
CITY-ST-ZIP MIAMI FL 33122

TITLE DV ☐ DELETE
NAME WOODY, HAROLD M
STREET ADDRESS 6905 NW 25TH ST
CITY-ST-ZIP MIAMI FL 33122

TITLE DVST ☐ DELETE
NAME CIVILETTO, JOSEPH E
STREET ADDRESS 6905 NW 25TH ST
CITY-ST-ZIP MIAMI FL

TITLE CFO ☒ DELETE
NAME CIVILETTO, JOSEPH E
STREET ADDRESS 6905 NW 25TH ST
CITY-ST-ZIP MIAMI FL 33122

TITLE V ☐ DELETE
NAME SASO, MICHAEL A
STREET ADDRESS 6905 NW 25TH ST
CITY-ST-ZIP MIAMI FL 33122

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME James Inella
1.3 STREET ADDRESS 6905 NW 25th Street
1.4 CITY-ST-ZIP Miami, FL 33122

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Denise Jacobs
2.3 STREET ADDRESS 6905 NW 25th Street
2.4 CITY-ST-ZIP Miami, FL 33122

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME P
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)