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**

DOCUMENT # 274135

FLORIDA	, AIRCRAFT LEASING CORF) .				(n a c a is B £ 8 {)	MIGNI OCHILI IN EL
Principal Place	of Business	Mailing Address				[] [] [] [] [] [] [] [] [] []	 		01011 E+841 1861
3415 S W 9TH AVE P.O. BOX 22460								•	
FORT LAUDERDALE FL 33315 FORT LAUDERDALE FL 3333						DO NOT WRITE IN THIS SPACE			
us us						3. Date Incorporated or Qualifed			
						09/27/1963			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		A	plied For
21 26 26						59-1061297		No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.								\$8.75	Additional
27					·	5 Certificate of Status Desired		Fee R	equired
City & State City & State						6. Election Campaign Financing			May Be
23		28	_			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country			8. This corporation owes the current year Intangible Personal Property Tax.			
			30			Personal Property Tax.			LJNO
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Registe	IEU A	gent	
ROY	THOMAS E			٠.					
3415 S W 9TH AVE				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
FT LAUD FL 33315			ŀ	83					
				•					
	٠			84	City		FL	85 Zip	Code
44 Durewant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statut	es, the ab	ove	e-named cor	moration submits this statement for the purpos	e of c	hanging its	registered
-ffina ar r	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was a	HITOOFIZEO	nv	the corpora	tion's board of directors. I hereby accept the a	ppoint	ment as re	egistered
SIGNATURE						rad when reinstation) DAT			{
OFFICE AND DIDECTORS				Agen	it signature requi	red when reinstating) DAT ADDITIONS/CHANGES TO OFFICER:		DIRECTO	ORS IN 12
12.	P DELETE			ı F		ADDITIONS/CHANGES TO OTT IOCIT		☐ Change	Addition
TITLE NAME	BOY, THOMAS E			1,1 TITLE 1,2 NAME					
STREET ADDRESS	3415 S W 9TH AVE				ADDRESS				
	FT LAUD, FL 00000		1.4 CITY-ST		1	•			
CITY-ST-ZIP	V DELETE		_	2.1 TITLE		· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME	BOY, T RUSSELL		i	2.2 NAME			•		
STREET ADDRESS	3415 SW. 9TH AVE			REET	ADDRESS -	·	- c - 		- [
CITY-ST-ZIP	FT LAUD, FL 00000		2.4 CF	īY-S	ST-ZIP_				
TITLE	T □ DELETE		3.1 111					☐ Change	Addition
NAME	ROBBIN, WENDY B		3.2 NA	3.2 NAME		•			,
STREET ADDRESS	3415 SW 9TH AVE			3.3 STREET ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL 33315		3.4. CF	3.4 CITY-ST-ZIP					
TITLE	VPS			4.1 TITLE				☐ Change	Addition
NAME	ROBBIN, SAMUEL			4, 2 NAME					
STREET ADDRESS	3415 SW 9TH AVE			4.3 STREET ADDRESS					
CITY-ST-ZIP				4.4 CITY-ST-ZIP				Change	Addition
TITLE	DELETE			5.1 TITLE 5.2 NAME				change	□ Addition)
NAME					TADDRESS				
STREET ADDRESS									'
CITY-ST-ZIP	□ DELETE			5.4 CITY-ST-ZIP 6.1 TITLE				☐ Change	Addition
TITLE .		□ brrr1c	6.2 NA						
NAME.					T ADDRESS				ļ

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)(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 attraction with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90207 033 ***150.00