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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 660793 (1) 1. Corporation Name TRACHTMAN AND HENDERSON, P.A.									
Principal Place of Business 1990 W NEW HAVEN AVE #201 MELBOURNE FL 32904		Mailing Address 1990 W NEW HAVEN AYE #201 MELBOURNE FL 32804-3825							
						3. Date Incorporated or Qualifie 04/01/1980		oate of Last R 104/1996	eport
2. Principal 21	Place of Business	2a. Mailing Address				4. FEI Number 59-2007615			pplied For at Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional
22 City & Sta	ité	City & State		 ,		6. Election Campaign Financin		Fee Re \$5.00	 .
23		28				Trust Fund Contribution		Added	to Fees
Ζιρ 24	Country 25	Zip 29	30 Co	untry		This corporation has liability Florida Statutes	for intangibl		. 199.032,
[24]	9. Name and Address of Cur		[30]	Ţ		10. Name and Address of New			
HIGH FLIGHT LEASING , INC.					Name				
	O W NEW HAVEN AVE #201			82	Street Add	dress (P.O. Box Number is Not Accep	otable)		
ME	LBOURNE FL 32904			83					
					<u>-</u>				
				84	City		FL	85 Zip i	Code
SIGNATURI	Signification type disciplinated transit of registered	dagent and little if appticable (f	NOTE: Registere	ed Age		rporation submits this statement for the ation's board of directors. I hereby according to the statement for the ation's board of directors. I hereby according to the ation of the ation o	DATE		· · · · · · · · · · · · · · · · · · ·
12,	OFFICERS A	AND DIRECTORS DELETE	13.		Т.	ADDITIONS/CHANGES TO O	FICERS AN	D DIRECTOR Change	IS IN 12 Addition
NAMÉ	TRACHTMAN, JERRY H	_ Otter		IAME	1			Onlings	L. Addition
STEEF LADORESS	1990 W NEW HAVEN AVE. I	#2 01			ADDRESS				
CITY - \$1 - 20°	MELBOURNE FL		1.4 (ony-s	T-ZIP				
TILE	VTD HENDERSON, SAMUEL	DELETE	2.17		1			Change	Addition
NAME STHEET ADDRESS	AGGG THE BUTTER LIANTED AND MIGHT			2.2 NAME 2.3 STREET ADDRESS					
CHY-ST-ZIP	MELBOURNE FL				ST-ZIP				
TILE	A. V. J.	DELETE	3.1 7					Change	Addition
NAM:			3.2 M	IAME	1 '				
STREET ADDRESS	,		1		ADDRESS				
CHT S1-7IP THE		DELETE		CITY-5 TILE	ST-ZIP	7		Change	Addition
MAME				NAME	1				
STREET ADORESS			4.3 5	STREET	ADDRESS				
CITY-ST ZIP		·····		ZITY - S	T · ZIP			Y-1	
TITLE		☐ DELETE	5.1 7		'			☐ Change	Addition
NAME CORE ADDRESS				NAME TDEET	ADDRESS				
STREET ADDRESS OTY ST. ZIP				PIRCE	ADDUC-92				
V 11 VI (II				2-410	T-71P 1				
THE		DELETE	6.11	CITY-S TILE	T-ZIP			Change	Addition
		DELETE	6.11		T-ZIP			Change	Addition

SIGNATURE

14. I do hereby certify that information indicated unli I am an officer or direct

appears in Block 12 or

ic 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 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 eath; that the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

Apr 02 1997 8:00am

Secretary of State