

1 AUG 8 2000 7:10 PM

(ROETZEL&ANDRESS)

NO. 593

Pg. 1 of 2

F00000004484

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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((H00000041730 3)))

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Division of Corporations

Fax Number : (850) 922-4003

From:

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TALLAHASSEE, FLORIDA

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FOREIGN PROFIT QUALIFICATION

Plane I Leasing Co., Inc.

Certificate of Status	1
Certified Copy	1
Page Count	06
Estimated Charge	\$2,237.50

F00-4484
8-9
OK
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Audit No. H00000041730 3

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. PLANE I LEASING Co., INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. WISCONSIN
(State or country under the law of which it is incorporated)
3. 39-1913813
(FEI number, if applicable)
4. 9-19-97
(Date of incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. 1-1-98
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 100 AVIATION DR S, SUITE 202
NAPLES, FL 34104
(Current mailing address)
8. ANY LAWFUL ACTIVITY
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Michael W. McARDLE, ESQ
Office Address: 850 PARK SHORE DR
NAPLES, Florida, 34103
(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Michael W. McARDLE
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

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TALLAHASSEE, FLORIDA

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A. DIRECTORS (Street address only - P.O. Box NOT acceptable)Chairman: WALLACE J. HILLIARDAddress: 100 AVIATION DR. S., SUITE 202
NAPLES, FL 34104

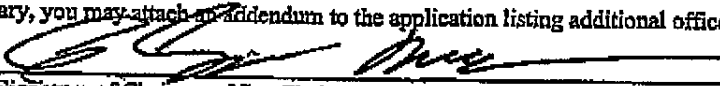
Vice Chairman: _____

Address: _____

Director: G. STUART BURCHILLAddress: 100 AVIATION DR. S., SUITE 202
NAPLES, FL 34104

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)President: WALLACE J. HILLIARDAddress: 100 AVIATION DR. S., SUITE 202
NAPLES, FL 34104Vice President: G. STUART BURCHILLAddress: SAME AS ABOVESecretary: G. STUART BURCHILLAddress: SAME AS ABOVETreasurer: WALLACE J. HILLIARDAddress: SAME AS ABOVE**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)14. G. STUART BURCHILL
(Typed or printed name and capacity of person signing application)FILED
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TALLAHASSEE, FLORIDA

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Audit No. 593 P 4/6 H00000041730 3

JUL 20 2000



DEPARTMENT OF
FINANCIAL INSTITUTIONS

STATE OF WISCONSIN
WISCONSIN DOMESTIC CORPORATION
ANNUAL REPORT

99+00

01 Domestic Business P033493
PLANE I LEASING CO., INC.
BENJAMIN W LAIRD & GODFREY KAHN
333 MAIN ST STE 600
P O BOX 13067
GREEN BAY WI 54301

DLA

7-1-2000

FILING FEE: \$ 50.00

This form is addressed to the corporation's registered agent. If a change of agent or agent's address is desired, indicate those changes below.

The street address of the registered office and the business office of the registered agent, as changed, will be identical. The name and address of the registered agent is:

ARNOLD P. HILLIARD
Registered Agent's Name

240 WILLARD DR, SUITE 202
Street Address (required)

P O BOX (Optional)

GREEN BAY, WI
City, State, Zip Code

IF THE ANSWER TO ANY QUESTION IS "NONE", SO STATE. TIME & TELEPHONE (OPTIONAL):

1 Principal office address (Street Number, City, State, Zip Code)
2830 RAMADA WAY STE 205
GREEN BAY, WI 54304

The fee indicated is the sum of the fee for the current report year (\$25) and the fees for all earlier re filing will satisfy the current report obligations not accor

MAIL TO:
DEPT OF FINANCIAL INSTITUTIONS
P O BOX 7846
MADISON WI 53707-7846

2 NAMES & ADDRESSES OF PRINCIPAL OFFICERS, & ALL DIRECTORS
(add additional sheets, if necessary.)

TITLE	NAME	RESPECTIVE ADDRESSES (give Street & Number, City, State & ZIP code)
President	WALLACE J. HILLIARD	100 AVIATION DR S, SUITE 202, NAPLES, FL 34104
Vice President	G. STUART BURCHILL	SAME AS ABOVE
Secretary	G. STUART BURCHILL	SAME AS ABOVE
Treasurer	WALLACE J. HILLIARD	SAME AS ABOVE
3 DIRECTORS All directors must be shown.	WALLACE J. HILLIARD G. STUART BURCHILL	100 AVIATION DR, S., SUITE 202 NAPLES, FL 34104 SAME AS ABOVE

4 Describe the general nature of business:

MANUFACTURING
RETAIL
AGRICULTURAL
CHARTER AIR SERVICES
(OTHER - please specify)

5 All boxes must be completed
STOCK
AUTHORIZED

6 STOCK ISSUED & OUTSTANDING

CLASS	SERIES (IF ANY)	NUMBER OF SHARES
common		7,000
preferred		
common		1,000
preferred		

7 The corporation has not entered into any combination, conspiracy, trust, pool, agreement, or contract intended to restrain or prevent competition in the supply or price of any article or commodity in general use in this state, or constituting a subject of trade or commerce therein, or which shall in any manner control the price of any such article or commodity, fix the price thereof, limit or fix the amount or quantity thereof to be manufactured, mined, produced, or sold in said state, or fix any standard or figure by which its price shall be in any manner controlled or established.

FOR THE CORPORATION:

BY: G. STUART BURCHILL 7/25/00
Signature of Officer Date
G. STUART BURCHILL SCS
Printed Name Title

DODQ
Rev.-1
(11/88)

THIS ANNUAL REPORT FORM 16 is authorized by s.180.0121, Stats., and is a REQUIRED REPORT under s.180.1622, Wis. Stats. Failure to file may result in administrative dissolution of the corporation. Upon filing, the data in the report becomes public and might be used for purposes other than for which it was originally collected.

Audit No. H00000041730 3

AUG. 8.2000 7:11PM (ROETZEL&ANDRESS)

NO.593 P.5/6

Audit No. H00000041730 3

**IF ANY AREA OF THIS REPORT IS LEFT BLANK, THE REPORT WILL
BE RETURNED TO YOU FOR MORE COMPLETE INFORMATION**

Please provide us with a phone number at which you can be reached during the day

(941) 649 - 2708 Name MICHAEL W. MCARDLE, ESQ

PLEASE NOTE:

The corporation captioned on the front of this form is no longer in a current status. The corporation went into a delinquent status on the date indicated on the front of this report for failure to file an annual report during the previous reporting year. Until the corporation is restored to a current status, we cannot accept any documents for filing.

If you feel this information is inaccurate, please call our office at 608-264-7810 for further information and/or instructions.

The delinquent form on the front of this document may be used to restore the corporation to a current status. The fee is indicated on the report. This delinquent form also satisfies the reporting year's requirement. There is no late fee or penalty included in this fee.

Please mail the annual report to: Department of Financial Institutions:
PO BOX 7846; Madison WI 53707-7846

Changing Registered Agent or Registered Agent's Address

This report is captioned with the corporation's name and ID number, and is addressed to its registered agent at the agent's address as appearing in our records. If the corporation desires to change this information, it may be accomplished without additional fee by setting forth the new designations in the space provided on the front of this form. The corporation is required to maintain a registered agent at all times, and the designations continue in effect until changed by a subsequent change.

NATIONAL PUBLIC RECORDS INC
329 W WILSON STREET 2ND FLR
MADISON WI 53703
800-822-7725

H00000041730 3

FILED
00 AUG -9 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOM
180 181 185

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

PLANE I LEASING CO., INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation is September 15, 1997.

I further certify that said corporation has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921 or 181.1622, Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the official seal
of the Department on July 28, 2000.

RAY ALLEN, Administrator
Division of Corporate & Consumer Services
Department of Financial Institutions

BY: Robert Kain

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.