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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

90 MAY 11 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H44007 (3)

1. Corporation Name

AIRCRAFT LEASING OF ORLANDO, INC.

Principal Place of Business

**1621 PURITAN AVENUE
WINTER PARK FL 32792**

Mailing Address

**1621 PURITAN AVENUE
WINTER PARK FL 32792**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1985

3a. Date of Last Report

01/27/1994

4. FEI Number

59-2497184

Applied For

Not Applicable

2. Principal Place of Business

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State Apt # etc

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City & State

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City

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State

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City

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State

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City

9. Name and Address of Current Registered Agent

**MORROW, HENRY
1621 PURITAN AVE.
WINTER PARK FL 32792**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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Zip Code

11. Pursuant to the provisions of Sections 607.0503 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of 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

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

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CITY, STATE, ZIP

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NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, STATE, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, STATE, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, STATE, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, STATE, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, STATE, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, STATE, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, STATE, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, STATE, ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY, STATE, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(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. I am an officer or director of the corporation or the receiver or trustee named to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of this report. I do change or originate information with my address.

SIGNATURE: **BENJAMIN H. MCLIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 MAY 95 4072787871