FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

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~~

2. Principal Place of Business
21 6516 MATCHETT RD
Suite, Apt. #, etc. 22
City & State 23 ORLANDO, FL 32809
Zip 24 32809 Country 25 ORANGE

2a. Mailing Address
26 6516 MATCHETT RD
Suite, Apt. #, etc. 27
City & State 28 ORLANDO, FL
Zip 29 32809 Country 30 ORANGE

3. Date Incorporated or Qualified: 02/22/1985
3a. Date of Last Report: 05/11/1995
4. FEI Number: 59-2497184 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

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

K.E. FERRIELL
6516 MATCHETT RD
ORLANDO, FL 32809

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 K.E. FERRIELL P (Signature, typed or printed name of registered agent and title, if applicable) — KE Ferriell (NOTE: Registered Agent signature required when reinstating) — 21 Feb '96 DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ~~MORROW, HENRY D.~~ ~~1621 PURITAN AVE.~~ ~~WINTER PARK FL~~	☑ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~ST~~ ~~MCLIN, BENJAMIN R.~~ ~~3617 OGLETREE CT.~~ ~~ORLANDO FL~~	☑ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KE FERRIELL 6516 MATCHETT ROAD ORLANDO, FL 32809	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NORMA J. FERRIELL 6516 MATCHETT RD ORLANDO, FL 32809	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(k), 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.

SIGNATURE: K.E. FERRIELL - PRES (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) KE Ferriell — 21 Feb 96 (Date) — 407-851-0132 (Daytime Phone #)