## 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 # H81729**

Corporation Name

| NAPLES AIRCRAFT LEASING, INC.                                  |  |  |  |  |
|--|--|--|--|--|
| Principal Place of Business                                    | Mailing Address  |  |  |  |
| 1575 W. COMMERCIAL BLVD., HANGAR 34<br>FT. LAUDERDALE FL 33309 | 1575 W. COMMERCIAL BLVD HANGAR 34<br>FT. LAUDERDALE FL 33309 |  |  |  |
| Principal Place of Business     21                             | 2a. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.  |  |  |  |
| City & State   | City & State   |  |  |  |

Principal Place of Business

2a. Mailing Address
2b. Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

27 City & State

City & State

2a. Mailing Address
4. FEI Number
58-1650029

Not Applied For
88.75 Additional
Fee Required

City & State
6. Election Campaign Financing
Trust Fund Contribution

Added to Fees

 Zip
 Country
 Zip
 Country
 8. This corpo

 24
 25
 29
 30
 Personal I

3. Date Incorporated or Qualifed

10/21/1985

**FILED** 

Feb 16, 1999 8:00am

**Secretary of State** 

DO NOT WRITE IN THIS SPACE

02-16-1999 90012 046 \*\*\*150.00

ACKERMAN, PATRICIA 1575 W. COMMERCIAL BLVD., HANGAR 34 FT. LAUDERDALE FL 33309

9. Name and Address of Current Registered Agent

| 1  | to: Hallie and Address of New Hogistores Agent   |  |  |  |  |  |  |  |
|----|--|--|--|--|--|--|--|--|
| 81 | Name   |  |  |  |  |  |  |  |
| 82 | Street Address (P.O. Box Number is Not Acceptable)   |  |  |  |  |  |  |  |
| ш  | THE IN COLUMN TWO IS A PARTY OF A PARTY OF THE PARTY OF T |  |  |  |  |  |  |  |
| 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      |  |                              |   |                    | •               |  |  |
|----------------|--|------------------------------|---|--------------------|-----------------|--|--|
|                | Signature, typed or printed name of registered agent and title if applicable. (NOTE: F | Registered Agent signature r | required when reinstating)*                           | DATE               |                 |  |  |
| 12.            | OFFICERS AND DIRECTORS   | 13.                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                    |                 |  |  |
| TITLE          | <b>PST</b> □ DELETE  | 1.1 TITLE                    | get to get  | ☐ Change           | ☐ Addition      |  |  |
| NAME           | LEWANDOWSKI, DONALD E  | 1.2 NAME                     | •   |                    |                 |  |  |
| STREET ADDRESS | 1575 W. COMMERCIAL BLVD., HÄNGAR 34  | 1.3 STREET ADDRESS           |   |                    |                 |  |  |
| CITY-ST-ZIP    | FT. LAUDERDALE FL 33309  | 1.4 CITY- ST-ZIP             |   |                    |                 |  |  |
| TITLE          | ☐ DELETE   | 2.1 TITLE                    |   | ☐ Change           | ☐ Addition      |  |  |
| NAME           |  | 2.2 NAME                     |   |                    |                 |  |  |
| STREET ADDRESS |  | 2.3 STREET ADDRESS           |   | •                  |                 |  |  |
| CITY-ST-ZIP    |  | 2. 4 CITY-ST-ZIP             |   |                    |                 |  |  |
| TITLE .        | □ DELETE   | 3.1 TITLE                    |   | Change             | ☐ Addition      |  |  |
| NAME           |  | 3.2 NAME                     |   |                    |                 |  |  |
| STREET ADDRESS |  | 3.3 STREET ADDRESS           | 5. 6 F. 7 Spy 72 74 4                                 | सारक हुई। दूस १५ अ | £ - 4 5 5 17 91 |  |  |
| CITY-ST-ZIP    |  | 3.4. CITY-ST-ZIP             |   | 经股份 经银行            |                 |  |  |
| TITLE          | ☐ DELETE   | 4.1 TITLE                    | 18 多新 李钟光   | Change 🤄           | Addition        |  |  |
| NAME           |  | 4. 2 NAME                    |   |                    |                 |  |  |
| STREET ADDRESS |  | 4.3 STREET ADDRESS           |   |                    |                 |  |  |
| CITY-ST-ZIP    |  | 4.4 CITY-ST-ZIP              |   |                    |                 |  |  |
| TITLE          | ☐ DELETE   | 5.1 TITLE                    |   | Change             | Addition        |  |  |
| NAME           | ·  | 5.2 NAME                     |   | •                  |                 |  |  |
| STREET ADORESS |  | 5.3 STREET ADDRESS           | · ·   |                    |                 |  |  |
| CITY-ST-ZIP    |  | 5.4 CITY-ST-ZIP              | *.  |                    | · .             |  |  |
| TITLE          | □ DELETE   | 6.1 TITLE                    |   | ☐ Change           | Addition        |  |  |
| NAME           |  | 6.2 NAME                     |   | •                  |                 |  |  |
| STREET ADDRESS |  | 6.3 STREET ADDRESS           |   |                    |                 |  |  |
| CITY_ST. 7IP   | ,  | 6.4 CITY-ST-ZIP              |   |                    | ·               |  |  |

14. I hereby certify that the information supplied with this filing does not obtain for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and docurate 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 true execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if ghanged, of organ attachment with an expresses, with all other like empowered.

SIGNATURE:

DOLLAR

Donald E. Lewandowski 01/19/99

9 (954) 771-817

Daytime Phone #

R2E034 (11/9)

□No