

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 MAY -1 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M19695** (9)
1. Corporation Name
PALM AIRLEASING, INC.

Principal Place of Business Mailing Address
1330 SOUTHWEST 78TH COURT MIAMI FL 33144
3591 SW DEGGELLER CT PALM CITY FL 34990 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/21/1985** 3a. Date of Last Report **05/26/1994**
4. FEI Number **59-2584082** 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 § 100.032 Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **7308 NW 34 ST** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 **MIAMI FL** 28
Zip Country Zip Country
24 **33122** 25 **USA** 29 30

9. Name and Address of Current Registered Agent
**BANCROFT, EDWARD L.
5528 SOUTHWEST ANHINGA AVENUE
PALM CITY FL 34990**

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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent (see note # applicable) NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BICKEL, PATRICIA A.
STREET ADDRESS	13018 FLAMINGO TERR
CITY - ST - ZIP	PALM BCH GARDENS FL
TITLE	VD
NAME	BANCROFT, LUCY M.
STREET ADDRESS	5528 S.W. ANHINGA AVE.
CITY - ST - ZIP	PALM CITY FL
TITLE	TD
NAME	BICKEL, JAMES S.
STREET ADDRESS	13018 FLAMINGO TERR
CITY - ST - ZIP	PALM BCH GARDENS FL
TITLE	SD
NAME	BANCROFT, EDWARD L.
STREET ADDRESS	5528 S.W. ANHINGA AVE.
CITY - ST - ZIP	PALM CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
3	STREET ADDRESS	
4	CITY - ST - ZIP	
5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	NAME	
7	STREET ADDRESS	
8	CITY - ST - ZIP	
9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10	NAME	
11	STREET ADDRESS	
12	CITY - ST - ZIP	
13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14	NAME	
15	STREET ADDRESS	
16	CITY - ST - 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 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 its attachment with an address.

SIGNATURE: *James S. Bickel* **JAMES S. BICKEL** 04/28/95 407-283-2152
(Signature, typed or printed name of signing officer or director)