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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # M19695

1. Corporation Name

(9)

1702011	AIRLEASING, INC.		 				
Principal Place	of Business	Mailing Address				i Diefi Diefi iddi	
7308 NW 34 MIAMI FL 331		3591 SW DEGGELLER PALM CITY FL 34990					
US		US		3. Date Incorporated or Qualified 08/21/1985	3a. Date of Last I 05/01/19		
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	1 00/01/10	Applied For	
1		26		59-2584082		Not Applicable	
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.7	5 Additional	
2		27			└ Fee	Required	
City & State		City & State		6. Election Campaign Financing)0 May Be	
Zip	Country	28	Country	Trust Fund Contribution	Audi	ed to Fees	
i]	25	Zip [29]	Country 30	8. This corporation has liability for it Florida Statutes	intangible tax under s	199.032,	
<u>' </u>	9. Name and Address of Curren			10. Name and Address of New R			
***************************************			81 Name		og.o.o.oo rigoin		
RANCRO	FT, EDWARD L.						
	UTHWEST ANHINGA AVENUE		82 Street Add	dress (P.O. Box Number is Not Acceptab	ile)		
	TY FL 34990		83				
1112111 01							
			84 City		FL 85 Z	lip Code	
 Pursuant to or registere familiar wit 	o the provisions of Sections 607.0502 ed agent, or both, in the State of Florid h, and accept the obligations of, Secti	and 607.1508, Florida Stat. da. Such change was author on 607.0505, Florida Statute	ites, the above-named corpo ized by the corporation's boa is.	ard of directors. Thereby accept the appo	bintment as registere	d agent. I am	
SIGNATURE	o the provisions of Sections 607,0502 ed agent, or both, in the State of Florid h, and accept the obligations of, Section Spectrum, typed or printed name of registered agent OFFICERS AND	and tills faj wicable (N	Ites, the above-named corporation's bor- ized by the corporation's bor- is. Oth: Brigistered Agent signature requined to the corporation of the c	éd when reinstating	DATE		
SIGNATURE	Signature, typed or printed name of rogistered agont i	and tills faj wicable (N	IOTE: Registered Agent signatura require		DATE		
BIGNATURE	Signature, typed or printed name of registered agent in OFFICERS AND	and title flag inicable (N DIDIRECTORS	OTF: Registered Agont signature requin	éd when reinstating	DATE ICERS AND DIRECTO	ORS IN 12	
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CR2E034 (12/95)