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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

P94000013294 (1) DOCUMENT # 1. Corporation Name

INTERSTATE AIRCRAFT SALES & LEASING, INC.

Mailing Address Principal Place of Business 1725 HANGAR RD 1725 HANGAR RD SANFORD FL 32773 SANFORD FL 32773



3. Date Incorporated or Qualified

02/17/1994

CCI Number

3a. Date of Last Report

04/24/1995

Applied For

2. Principal Place of Business		2a. Mailing Address			59-3227154	├ ∔	lot Applicable
t		26			30 OEE7 104	, <u> </u>	Additional
Suite, Apt. #, etc.		F	Suite, Apt. #. etc.		5. Certificate of Status Desired		Required
		Orty & State			6. Election Campaign Financing	\$5.00	May Be
City & State		28			Trust Fund Contribution		to Fees
					8. This corporation has liability for intangible tax under s. 199.032,		
Ζφ } •	25 29 30				Florida Statutes 🔀 Yes 🔲 N	O	
L	9. Name and Address of Curre				10. Name and Address of New Registe	red Agent	
	g. Hamo programme		81	Name			
• SEWELL, LAURIE R 2307 SE MONTEREY RD STUART FL 34996				82 Street Address (P.O. Box Number is Not Acceptable)			
				82 Street Address (F.O. Box Humber is 1450) despitately			
						les 7.	Codo
			84	Crty	!	FL 85 Zip	p Code
		20 - 1 COV 1500 Florida Com	toe the above	Land coreo	ration submits this statement for the purpose c ird of directors. Thereby accept the appointment	of changing its r	egistered offi
NONATURE	n, and accept the obligations of Se		vol. vol'€ Fregistered Age	nt signature require	of when tenstating DS		
		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
Z. TLE	D	☐ DELETE	1 1 TITLE			Change	Addition
	DUROUX, EDWARD M		1.2 NAME				
AME	1725 HANGAR RD		13 STREE	1 ADDRESS			
TREET ADDRESS	SANFORD FL 32773		1.4 C(Ty -				
ITY-ST-ZIP ITLE		DELETE	2 1 TITLE			Change	Addition
IAME			22 NAME				
STREET ADDRESS			23 STREE	1 ADDRESS			
CITY - ST - ZIP			2.4 CiTY+	\$1-219			
TITLE		DELETE	3 1 11116			Change	Addition
IAME			3.2 NAME				
STREET ADORESS			3.3 STRE	ET ADDRESS			
DITY-S1-ZIP			3 4 CITY -	S1 - ZIP		[] Change	Additio
ITLE		☐ DELETE	4 1 1111.5	•		[] Charige	L] Add-tite
NAME			4.2 NAME				
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP		,	4.4 CITY			☐ Change	Add-tic
TITLE		DELETE	5 1 1111			☐ Change	L Again
NAME			5.2 NAM	1			
STREET ADDRESS			5 3 STAF	FF ADDRESS			
CITY-SI - ZIP			5.4 CiTy			Change	Additi
TITLE		DELETE	6 1 THE		50000184 9 -06/04/9601016	1125	
NAME			6.2 NAM	1	-06/04/9601016	025	- 4,
STREET ADDRESS				ET ADDRESS	***200.00		{ 1
CITY - S1 - ZIP			6.4 CHY	\$1 - ZH1	fundamental of the section 119 07/9		

14. I do hereby certify that the information supplied with this fling 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 early, that I am an officer or director of the comporation 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 18 if changed or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DUROUX

407-323-0888