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 # **P94000072101 (6)**

1. Corporation Name
SOUTH FLORIDA AIRCRAFT LEASING, INC.

Principal Place of Business
11294 SW 55 PLACE
COOPER CITY FL 33330
US

Mailing Address
11294 SW 55TH PLACE
COOPER CITY FL 33330
US

3. Date Incorporated or Qualified: 09/26/1994
3a. Date of Last Report: 08/11/1995
4. FEI Number: 65-0532425 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22 12970 Port SAID RD.
City & State
23 OPA-LOCKA, FL
Zip 24 33054 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27 12970 PORT SAID RD.
City & State
28 OPA-LOCKA, FL
Zip 29 33054 Country 30 USA

9. Name and Address of Current Registered Agent

KUPKE, PAUL
11294 S.W. 55TH PLACE
COOPER CITY FL 33330

10. Name and Address of New Registered Agent

81 Name PAUL E. GAITHER
82 Street Address (P.O. Box Number is Not Acceptable) 12970 PORT SAID RD.
83
84 City OPA-LOCKA, FL 85 Zip Code 33054

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 Paul E Gaither V. Pres. 30 JAN 96
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	KUPKE, PAUL	
STREET ADDRESS	11294 S.W. 55TH PLACE	
CITY-ST-ZIP	COOPER CITY FL 33330	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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: Paul E Gaither D 1-31-96 305-687-1880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)