FILE NOW: FILING FEE AFTER MAY 1 IS \$5000

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTME

Sandra B. McCom

Secretary of CORP ATIONS

FILED Apr 30 1997 8:00am Secretary of State

DOCU 1. Corporatio CHEERS	MENT # P96000 AIR SALES AND LEASING	012036 (5) , INC.						
Principal Plac	e of Business	Mailing Address			f i Eftiffit toff eftete fleter matte Anzes, murt.			
11601 4TH STREET NORTH STE 1313 ST. PETERSBURG FL 33716		11801 4TH STREET NORTH STE ST. PETERSBURG FL 83716-2741			1			
			Ì		3. Date Incorporated or Qualified 02/05/1996	3a. Date of L	ast Repor	rt
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Applie	
21	A elo	Suite, Apt. #, etc.				82	.75 Addi	oplicable
Suite, Apt.	#, eic.	Suite, Apr. #, etc.	1		5. Certificate of Status Desired		ee Requir	
City & Stat	0	City & State			6. Election Campaign Financing		5. 00 Maj	
3		28			Trust Fund Contribution		dded to Fo	
Ζιρ 24	Country 25	Zip 29	0 Clintr 30	'y	This corporation has liability for Florida Statutes	Yes No	1061 \$. 15	5.032,
4)	9. Name and Address of Curre		30]		10. Name and Address of New R			
LASI	KEY, CHARLES		8	1 Name				
11601 4TH STREET NORTH STE 1313			- 8	2 Street Add	dress (P.O. Box Number is Not Accepta	ıble)		
ST. I	PETERSBURG FL 33716		_					ATTEMPT 11.00
			8	3				
			8	4 City		FL 85	Zip Coc	de
11. Pursuant	to the provisions of Sections 607 05	32 and 607 1508 Florida Statute	s the vo	ve-named co	rporation submits this statement for the atlon's board of directors. I hereby acc	purpose of char	iging its re	egistered
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS AN	ent and tire if applicable (NOTE	Registe d /	Agent signéture req	julred when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRI		*****
TRILE	D CHARLE	☐ DELETE	1.1 (1)				ittinge L	
NAME STREET ADDRESS	Laskey, Charles 11601 4th Street North S	TF 1313	1.2 AM	eet address				
STREET AUCHESS CITY+ST+ZIP	ST. PETERSBURG FL 33716	1E 1010		-ST-ZIP				
Mr.F		DELETE	2.1 IL				change [Additio
NAME			2.2 AM	AE .				
STREET ADDRESS			23 TR	EET ADDRESS				
CITY - ST - ZIP	417		-	Y-ST-ZIP			Change	Additio
TITLE		☐ DELETE	3.1 171	Ĭ		<u>.</u> .	,, am igu L	
NAME STREET ACORESS		•	3.2 NAM	EET ADDRESS				
CHT+ST-ZIP				Y-ST-ZIP				
THIE		DELETE	4.1 TITL				Change (Additio
NAME			4. 2 NA	ME				
STHEET ADDRESS			4.3 \$TF	REET ADDRESS				
CHY-ST-7-P			-	Y-ST-ZIP			Change	Additio
† TLE		☐ DELETE	5.1 7110	ŀ		U	⊓ானாழ்	TT VOULD
NAME			52 NAI					
STREET ADDRESS				REET ADDRESS				
CITY- ST-ZIP		DELETE	5.4 CIT 6.1 TIT	Y-ST-ZIP			Change	Additio
TITLE		L_J OLLLIL	6.2 NA				- '	
NAME STREET ADDRESS				REET ADDRESS				
City C1 710			64 01	Y-51-7IP			_	
City-SI-ZiP 14. Ldo here	by certify that the information supplied	ed with this filing does not qualify	for the	exemption sta	ited in Section 119.07(3)(i), Florida Stat	utes. I further cer	tify that th	16

14. I do hierarby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 any ittachment with an address.

SIGNATURE:

ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 97 (813) 579-9164