## **FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000012036 (5)

	IS AIR SALES AND LEAS	Mailing Address				
11601 4TH STREET NORTH STE 1313 11601 4TH STREET NORTH STE 1313 ST. PETERSBURG FL 33716 ST. PETERSBURG FL 33716						
					DO NOT WRITE IN TI	HIS SPACE
					3. Date Incorporated or Qualified	
					02/05/1996	
<u>⊢</u> ~	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21   26   Suite. Apt. #. etc.   Suite. /		Suite, Apt. #, etc.	Int # ata		APPLIED FOR 57399	Not Applicable
Suite, Apt. #, etc.		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes X No
	g. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registe	red Agent
	skey, charles		81	Name		0
	11601 4TH STREET NORTH STE 1313			Street Addre	ess (P.O. Box Number is Not Acceptable)	
( ST.	PETERSBURG FL 33716					·
			83			
}			84	City		85 Zip Code
						▝▃▕▕
office or n agent. I a SIGNATURE	egistered agent, or both, in the S m familiar with, and accept the o	tate of Florida Such change was bligations of, Section 607.0505, I	s authorized by t Florida Statutes.	he corporation	oration submits this statement for the purpos on's board of directors. I hereby accept the	appointment as registered
0,0.10,10,12	Signature, typed or printed name of registers		DTE Registered Agent	signature require	<del></del>	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	LACUTE CLASS TO		1.1 TITLE	<b>,</b>		Change Addition
AAAA ATII ARREST MARTIN ATE		TH CTE 1212	1.2 NAME	Donces		
STREET ADDRESS	ST. PETERSBURG FL 337		1.3 STREET AL	l l		
CITY-ST-ZIP TITLE	GI. PETENODONO PE 337	DELETE	1.4 CITY-ST- 2.1 TITLE	ZIP		Change Addition
NAME			2.1 HILL 2.2 NAME	ĺ		
STREET ADDRESS			2.3 STREET A	DOBESS		
CITY-ST-ZIP			2.4 CITY-ST-			
TITLE		DELETE	3.1 TITLE			Change Addition
NAME		<del></del>	32 NAME			• ·
STREET ADDRESS			3.3 STREET A	DDRESS		!
CITY-ST-ZIP			3.4. CITY-ST-			
TITLE		DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET AU	DORESS		
CITY-ST-ZIP		. <u></u>	4.4 CITY- ST-	ZIP		
TITLE		DELETE	5 1 TITLE			Change Addition
NAME			5.2 NAME	]		
STREET ADDRESS			5.3 STREET AL	DORESS		
CITY-ST-ZIP			5.4 CITY- ST-	ZIP		
TITLE	· —— ·——	DELETE	6.1 TITLE		:: '''	Change Addition
NAME :			6.2 NAME	-		
STREET ADDRESS			6.3 STREET AC	DDRESS		

14. I hereby 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 ennual 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 chapted or on an attachment with an address.

SIGNATURE:

NIS/98 813/579-9154

**FILED** 

Jan 22 1998 8:00am

Secretary of State