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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # P96000012036

CHEERS AIR SALES AND LEASING, INC.

Principal Place of Business Mailing Address							), ,, <b>,,,,</b> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
11601 4TH STREET NORTH STE 1313 11601 4TH STREET NORTH STE 131 ST. PETERSBURG FL 33716 ST. PETERSBURG FL 33716								_		
						DO NOT WRITE IN TH	S SPACE	<u>-</u>		
						3. Date Incorporated or Qualifed 02/05/1996				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For			
21	26					59-3442809	Not Applicable			
Suite, Apt.	Suite, Apt. #, etc.  Suite, Apt. #, etc.  27					5. Certificate of Status Desired	\$8.75 Additional			
City & State City & State				6. Election Campaign Financing \$5.00 May Be				lay Be		
23	28				Trust Fund Contribution Added to Fees				Fees	
Zip	Country Zip Cou			intry	8. This corporation owes the current year Intangi				,	
24	25	29	30			Personal Property Tax. Yes No				
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registere	d Agent			
1.00	4EV 0111BLE0			81	Name				Ì	
T1601 41H SIMEEL NORTH STE 1313				82	Street Address (P.O. Box Number is Not Acceptable)					
ST. PETERSBURG FL 33716				83						
								7:- 0-		
				84	City	City FL 85 Zip Cod			oge	
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 register 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.								egistered stered		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	E: Registered	Agent	signature required	I when reinstating) DATE			—- l	
12.	OFFICERS AND	<u>``</u>	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTOR	S IN 12	
TITLE	D	☐ DELETE	1.1 ΤΓ	TLE			Che	ange	☐ Addition	
NAME	LASKEY, CHARLES		1.2 N	AME	1				ļ	
STREET ADDRESS	ALANA ATTA OFFICE MONTH OFFI AND			REET	ADDRESS				i	
CITY-ST-ZIP	ST. PETERSBURG FL 33716		1.4 CF	TY-ST-	-ZIP					
TITLE		☐ DELETE	2.1 17				Cha	ange	Addition	
NAME			2.2 NAME		·					
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CITY-ST-ZIP	2.40		2. 4 CITY-ST-ZIP				٠.			
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NAME	•		3.2 NAME							
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CITY-ST-ZIP				rry-st					,	
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NAME	. For a sign of the		4.2 N			•			Ì	
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CITY-ST-ZIP				TY-ST	1	· ·			ļ	
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NAME			5.2 N/						ĺ	
STREET ADDRESS			5.3 ST	TREET.	ADORESS				İ	
CITY-ST-ZIP			5.4 CI	TY-ST	-ZIP					
TITLE		☐ DELETE	6.1 TI	TLE			Cha	ange	Addition	

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

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 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 of 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, of or an attachment with an address, with all other like empowered.

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90001 016 \*\*\*150.00