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

Mailing Address

P O BOX 43250

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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JACKSONVILLE FL 32203-3250

**PROFIT** CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000051716 (4)

Country

SE AIRCRAFT SALES, INC.

Principal Place of Business

2. Principal Place of Business

Suite Apt #, etc.

City & State

2406 HARPER STREET

JACKSONVILLE FL

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 $Z_{\rm ID}$ Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name LIESER. ALLEN R 2406 HARPER STREET 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 83 City 84 85 Zip Code 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. Lam familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Symptone, typed or printed name of registerical agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE HILL 11 11115 Change Addition CES10011 NAME 1.2 NAME moy RAWFORD 9 WESTERRY WAY STREET ADDRESS 1.3 STREET ADDRESS CREY-ST-ZIE 1.4 CITY - ST - ZIP THE CASSONILLE DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDIRESS 2.3 STREET ADDRESS COTY-ST 2B 2. 4 CITY - ST - ZIP DELETE THEF 3.1 TITLE RICHMAD M. 3.2 NAME MAZI 642 CARSWELL STEEL ALURESS 3.3 STREET ADDRESS 82117 CHY-ST-ZII 3.4. CITY-ST-ZIP DELETE Addition THEF 4.1 TITLE NAME 4.2 NAME mare STEFF: ADORESS 4.3 STREET ADDRESS City - \$7 - 2iP 4.4 CITY - ST - ZIP THE CAS SOUND ☐ DELETE 5.1 TITLE MESSIDENT MARKE 5.2 NAME LLEV KIESEN STREET ADDRESS 5.3 STREET ADDRESS 2406 MARROO CHT STATE 5.4 CITY - ST - ZIP DELETE THEF Addition 6.1 TITLE NAMÉ 6.2 NAME STREET ACORESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not coalify 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 compound; or the receiver or trostee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block

FILED Apr 22 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable



4/15/97 (904) 366-2882

3. Date Incorporated or Qualified

59-339248/

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

06/18/1996

4. FEI Number