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

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P9600093377

AIRCRAFT SALES AND LEASING CORP.

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Jun 16, 1999 8:00 am Secretary of State

06-16-1999 90015 046 \*\*\*550.00

Principal Place	e of Business	Mailing Address					
7286 NW 70 ST	TREET	7286 NW 70 STREET					
MIAMI FL 3316	6-2902	MIAMI-FL-33168-2502			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					,		Į.
·				-	11/14/1996 4. FEI Number	T-T-	and Car
2. Principal Pl	lace of Business	2a. Mailing Address		11 0		$\vdash$	Applied For
21		26 P.D BOX	101	167	59-3248276		lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
22(		27 City 8 City					
City & State		City & State  28 Tollahassel FL		/	F		May Be
23			7		Trust Fund Contribution		to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intang	ible Yes	□No
24	25	29 32302 30	$-\nu$	<u>J</u>	1 diodria 1 reporty term		
	9. Name and Address of Current	Registered Agent	81	Nome	10. Name and Address of New Registered Age	rit	
CUE	iasi, James B		0'	Name			
	CAPITAL CIRCLE SW		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
IALI	LAHASSEE FL 32310		83	H			}
			84	City	[8	35 Zip	Code
			"	, Only	FL  `		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligati	nt Florida. Such change was autho	rized by	r the corporal	rporation submits this statement for the purpose of cha tion's board of directors. I hereby accept the appointm	inging it ent as i	s registered egistered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Reg	stered Age	nt signature requi	ired when reinstating) DATE		}
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND D	IRECT	ORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Change	
NAME	MATHESON, DONALD		1.2 NAME				ļ
STREET ADDRESS	7286 NW 70 STREET			T ADDRESS			]
	MIAMI FL 33166-2902		1.4 CITY-S				
CITY-ST-ZIP TITLE	S	☐ DELETE	2.1 TITLE	51-21	Γ	Change	Addition
	CURASI, JAMES B		2.2 NAME		_		_
NAME		i		j			}
STREET ADDRESS	7286 NW 70 STREET			TADDRESS			1
CITY-ST-ZIP	MIAMI FL 33166-2902	☐ DELETE	2.4 CITY-	ST-ZIP		Change	Addition
TITLE		☐ DELETE	3.1 TITLE		L.,	_ Shange	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-1	ST-ZIP		7 ( )	addition
TITLE		☐ DELETE	4.1 TITLE		L	] Change	e
NAME			4. 2 NAME				
STREET ADDRESS		,	4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			] Change	e 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			54 CITY-S	ST-ZIP			1
TITLE		☐ ĐELETE	6.1 TITLE			] Change	e 🔲 Addition
NAME			6.2 NAME				1
			6.3 STRFF	T ADDRESS			
STREET ADDRESS			6.4 CITY- S	!			
CITY-ST-ZIP			0.4 OH 1- S	)1-4IF			

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 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 of 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 attackment with an address, with all other like empowered.

SIGNATURE: