03-22-1999 90036 041 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000035877

TITLE

STREET ADDRESS

SIGNATU

PJR AIR	Craft Sales and Leasing	G, INC.					
Principal Place of Business , Mailing Address					- I I MOLI A OL SIÑ TÂLIE LOUEL A MOLIS MOLIS DE DISTREMENT	TO ITEM DIGIT FORDS (
2109 THE WOODS DRIVE JACKSONVILLE FL 32246 2109 THE WOODS DRIVE JACKSONVILLE FL 32246					DO NOT WRITE IN TH	IS SPACE	
		•			3. Date Incorporated or Qualifed 04/21/1997		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number 59-3443681		plied For t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				_	5. Certificate of Status Desired	\$8.75 A Fee Re	
City & Stat	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	•	
Zip	Country 25	Zip 30	Country		This corporation owes the current year I Personal Property Tax.	ntangible	MNo
9. Name and Address of Current Registered Agent					10. Name and Address of New Registere	d Agent	
				Name			
ROSENBERGER, PHILIP J JR. 2109 THE WOODS DRIVE JACKSONVILLE FL 32246			82	82 Street Address (P.O. Box Number is Not Acceptable)			
			83				
			84	,	F	┗▝▔▎▔	Code
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligation	f Florida. Such change was autho	onzed by	tne corporatio	oration submits this statement for the purpose in's board of directors. I hereby accept the app	of changing its ointment as re	registered gistered
SIGNATURE		Warr B			when reinstating) DATE		
12.	Signature, typed or printed name of registered agent		13.	nt signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE			1.1 TITLE			Change	☐ Addition
NAME			1.2 NAME				ļ
STREET ADDRESS	2109 THE WOODS DRIVE	·	1.3 STREE	TADORESS			
CITY-ST-ZIP			1,4 CITY-S	T-ZIP			
TITLE			2.1 TITLE		·	Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS			}
CITY-ST-ZIP			2 4 CITY 5	ST-ZIP			
TITLE	☐ DELETE 3.		3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		C) percie	3.4. CITY-5	ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE			☐ cuange	- Addition !
NAME			4. 2 NAME				
STREET ADDRESS				T ADDRÉSS			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	IT-ZIP		☐ Change	Addition
TITLE			5.2 NAME			□ +94	
NAME			i	T ADDRESS			
STREET ADDRESS			54 CITY-S				
CITY-ST-ZIP		DELETE	6.1 TITLE			☐ Change	Addition

CITY-ST-ZIP 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 suppliemental 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 et anged, or on an attachment with an appears, with all other like empowered.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP