PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000004701

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90017 046 ***150.00

1. Corporation Name										
DELAND	AIRCRAFT LEASING, INC.					f (Barton) 276 (BIB) 2817 BBHI BBH	ı Afili Afili S	101 601 0 2 3 6 11.		
Principal Place of Business Mailing Address						- I (BAIKED) IIO LEVON IDIZI ODZIL DOJI	4 MINI MANY B	Alli Aldii yhdaa i	Mili itti imai	
133 EAST INDIANA AVE. 133 EAST INDIANA AVE.										
DELAND FL 32724 DELAND FL 32724						DO NOT WRITE IN THIS SPACE				
		•				3. Date Incorporated or Qualifed				
						01/15/1998				İ
Principal Place of Business 2a. Mailing Address			•			4. FEI Number	,	<u> </u>	plied For t Applicable	
21		26 Suite Ast # ata	Suite, Apl. #, etc.			27-278017 1		\$8.75 A		
Suite, Apt. #, etc.			27			5. Certificate of Status Desired		Fee Re		
City & State		City & State				6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution		Added t	o Fees	
Zip Country		Zip				8. This corporation owes the current		ear Intangible		نـــــــــــــــــــــــــــــــــــــ
Z4	25		30		. ت <u>.</u>	10. Name and Address of New R	edistered /		(2)10° 20°—	-
	9. Name and Address of Curren	r Kedistala Wieur	 ,	31 Nam	9	TO. HOME BID JOSEPH ST.	,			
SMITH, GEORGE S (II			Ŀ			/D O. Day Number in Not Accepte	hla)		 -	1
133 EAST INDIANA AVE.				BZ Stree	IL AUGITE	ss (P.O. Box Number is Not Acceptal	JIE)			
DELAND FL 32724			ľ	83						
	• •			84 City				85 Zip C	ode	1
{				1 -	•••		<u>FL</u>			1
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statute of Florida, Such change was au	s, the ab thorized	ove-name by the co	d corpo poration	ration submits this statement for the part of the part of directors. I hereby accept	the appoin	manging iis itment as re	registered gistered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505. Flori	da Statu:	ies.						ĺ
SIGNATURE	Signature, typed or printed name of registered age	nt and life of applicable. (NOTE:	Registered /	gant signatur	e required	when renstating)	DATE			8
12.	OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFF	ICERS AN			CR2E034 (11/98)
TITLE	D DELETE		1.1 TITL	E	1			☐ Change	Addition	=
NAME	SMITH, GEORGE S III			1.2 NAME						용
STREET ADDRESS	133 EAST INDIANA AVE.			EET ADDRES	s					2
CITY-ST-ZIP	DELAND FL 32724			1.4 CITY-ST-ZIP 2.1 TITLE				Change	Addition	5
TITLE !	, o Barkhau, James		2.2 NAM		1			- •	_	i
NAME STREET ADDRESS	33349 E. LAKE JOANNA DRIVI	<u> </u>		EET ADORES	s	• • • • • • • • • • • • • • • • • • • •		·		İ
CITY-ST-ZIP	EUSTIS FL 32726			Y-ST-ZIP						ĺ
TITLE	D DELETE			31 TTLE				☐ Change	☐ Addition	1
NAME	MANLEY, GERALD		32 NAA	32 NAME						ļ
STREET ADDRESS	P.O. BOX 1587		3.3 STR	EET ADORES	s					į
CITY-ST-ZIP	UMATILLA FL 32784		_	3.4. CITY- ST-ZIP				Change_	Addition	ſ
TILE	D CELETE		1	E	يبتندي 2			∸[_] Cusuda _		
NAME	PRESLEY, CHARLES		4.2 NA							, ا
STREET ADDRESS				EET ADDRES	s				•	1
CITY-ST-ZP	DELAND FL 32724			<u>/-ST-ZIP</u> F	+			Change	☐ Addition	
TITLE	D Early, Charles L Jr.	C# DELETE	5.1 TITL 5.2 NAA						_	
NAME STREET ADDRESS	112 NORTH FLORIDA AVE.		1	EET ADORES	s					1
CITY-ST-ZIP	112 NORTH FEORIDA AVE.		5.4 CIT	-\$1-ZP						1
TILE	, ,	☐ DELETE	6.1 TITL	E				Change	Addition	1
NAME			6.2 NAM	Æ						ĺ
STREET ADDRESS				EET ADDRES	s					l
CITY-ST-ZIP			6.4 CTP	-ST-ZIP						j

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

SIGNATURE

GOFFICER ON DIRECTOR