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 # **P98000057852**1. Corporation Name

USA AIRCRAFT LEASING, INC.

Principal Place of Business

Mailing Address

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90117 016 ***150.00

| 2455 E. Sunrise Blvd., Suite 309 2455 E. Sunrise Blvd., Suite 309 FT. Lauderdale Fl 33304 FT. Lauderdale Fl 33304 | | | | | | |
|---|--|---|-------------------------------------|---|----------------------------|------------|
| TI. LAUDENSAL | E1E 30004 | TT. ENOBERDACE TE SSO. | ··· | DO NOT WRITE IN T | HIS SPACE | |
| | | | | 3. Date Incorporated or Qualifed 06/26/1998 | | |
| 2. Principa Pla | ace of Business | 2a. Mailing Address | <u> </u> | 4, FEI Number | Apr | lied For |
| 21 2133 | N. Dixie Hwy | 26 2/33 N. | Dixie Hwy | | Not | Applicable |
| Suite, Ast. # | | Suite, Apt. #, etc. | | 5. Certifc ate of Status Desired | \$8.75 A Fee Red | 4 |
| City & State | 'AUDERDALO, FL. | City & State 28 Fort LAUD Zip | ORDALE, FL. | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 i Added to | |
| Zip 24 333 | Courtry SO 5 25 BROWARD | Zip 29 33305 | Country 30 BROWARD | This corporation owes the current year Persor al Property Tax. | | IJM0 |
| | 9. Name and Address of Current | | <u></u> | 10. Name and Address of New Register | ed Agent | |
| 1201 | PORATION SERVICE COMPANY HAYS STREET AHASSEE FL 32301-2525 | | 82 Street Ac dre | DID R (1 ARRUTHERS poss (P.O. Box Number is Not Acceptable) A DIXIE | | |
| | | | 84 City | 1. 2.444/2 | -L 85 Zip C | e de |
| 11. Pursuant to the provisions of Scittons 607.0502 and 607.1508, Florida Statules, 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | |
| SIGNATURE | Signature, typed or printed na ne of registered agent | Custo | Registered Agent signature required | R CARRUTHERS When reinstating) DATE | 4-24-9 | 2 |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS | | |
| TITLE | D | ☐ DELETE | 1.1 TITLE | | Change | Addition |
| NAME | HUGHES, FRANK | | 1.2 NAME | | | |
| STREET ADDRESS | 2455 E. SUNRISE BLVD., SUITE | 309 | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33304 | | 1.4 CITY-ST-ZIP | | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | Change | Addition |
| NAME | CARRUTHERS, DAVE | | 2.2 NAME | | | 1 |
| STREET ADDRESS | 2455 E. SUNRISE BLVD., SUITE | 309 | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33304 | | 2. 4 CITY-ST-ZIP | | | |
| TITLE | THE CHOPETIONEE TE COOP. | ☐ DELETE | 3.1 TITLE | | ☐ Change | Addition |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | • | | 3.3 STREET ADDRESS | | | 1 |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 4,1 TITLE | | Change | Addition |
| NAME | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | Change | Addition |
| | | | 5.2 NAME | | | |
| NAME CTREET ADDRESS | | | 5.3 STREET ADDRESS | | _ | |
| STREET ADDRESS | | | 5.4 CITY-ST-ZIP | | ٠, | |
| CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE | | Change | Addition |
| TITLE | | المال | 6.2 NAME | | _ 5- | _ |
| NAME | | | 6.3 STREET ADDRESS | | | |
| STREET ADDRE 3S | | | 0.3 STREET ADDRESS | | | |

14. 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 recuired 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: