

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V66391 (6)

1. Corporation Name

JETLEASE/FINANCE CORPORATION



Principal Place of Business

Mailing Address

100 W CYPRESS CREEK ROAD
SUITE 820
FORT LAUDERDALE FL 33309
US

100 W CYPRESS CREEK ROAD
STE 820
FORT LAUDERDALE FL 33309
US

2. Principal Place of Business

2a. Mailing Address

21 3009 Greene St

26 3009 Greene St

Suite, Apt #, etc

Suite, Apt #, etc

22 City & State
23 Hollywood FL

27 City & State
28 Hollywood FL

24 Zip
25 33090

Country
26 USA

29 Zip
30 33090

Country
31 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NUSSBAUM, HOWARD J
100 W CYPRESS CREEK RD
STE 808
FT LAUDERDALE FL 33309

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person or printed name of registered agent as a third party (if applicable)

(NOTE: Registered Agent signature required when not acting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
LACROIX, DAVID R.
P. O. BOX 491810 N/A
FT. LAUDERDALE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

STD
LACROIX, CAPRICE
P. O. BOX 491810
FT. LAUDERDALE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

PD
Kenneth A. Wort
3009 Greene St
Hollywood FL 33090

Change Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

Change Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

Change Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Change Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Change Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/96

554-547-8000

CR2E034 (3/96)