

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 299166 (9)

1. Corporation Name
FERMAN MOTOR LEASING CORPORATION



Principal Place of Business: **POST OFFICE BOX 1321 TAMPA FL 33601**
Mailing Address: **POST OFFICE BOX 1321 TAMPA FL 33601**

3. Date Incorporated or Qualified: **11/30/1965**
3a. Date of Last Report: **02/24/1995**
4. FEI Number: **59-1259235**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent **10. Name and Address of New Registered Agent**

**UITERWYK, STEVEN A.
1307 W. KENNEDY BLVD.
TAMPA FL 33606**

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

SIGNATURE: _____ (NOTE: Registered Agent Signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS DELETE

TITLE	AS
NAME	UITERWYK, STEVEN A
STREET ADDRESS	1307 W KENNEDY BLVD.
CITY-ST-ZIP	TAMPA FL 33601
TITLE	PD
NAME	FERMAN, JAMES L., JR.
STREET ADDRESS	1307 W KENNEDY BLVD.
CITY-ST-ZIP	TAMPA FL
TITLE	SD
NAME	FERMAN, MARTHA S.
STREET ADDRESS	1307 W KENNEDY BLVD.
CITY-ST-ZIP	TAMPA FL
TITLE	TD
NAME	FERMAN, CECELIA D.
STREET ADDRESS	1307 W KENNEDY BLVD.
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	JANICE F. STRASKE
STREET ADDRESS	1307 WEST KENNEDY BLVD
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	LAURA F. FARRIOR
STREET ADDRESS	1307 WEST KENNEDY BLVD
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **STEVEN A. UITERWYK** 4-16-96 (813) 251-2765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)