

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

**FILED**  
**May 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 299166 (9)**  
 1. Corporation Name  
**FERMAN MOTOR LEASING CORPORATION**



Principal Place of Business <b>POST OFFICE BOX 1321 TAMPA FL 33601</b>	Mailing Address <b>POST OFFICE BOX 1321 TAMPA FL 33601</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/30/1965</b>	
21	22	26	27	4. FEI Number <b>59-1259235</b>	
Suite, Apt. #, etc		Suite, Apt. #, etc.		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	24	28	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>UITERWYK, STEVEN A. 1307 W. KENNEDY BLVD. TAMPA FL 33606</b>				10. Name and Address of New Registered Agent			
				81	Name <b>Straske, Stephen B. II</b>		
				82	Street Address (P.O. Box Number is Not Acceptable) <b>1307 W. Kennedy Boulevard</b>		
				83			
				84	City <b>Tampa</b>	85 Zip Code <b>FL 33606</b>	

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 the provisions of Section 607.0505, Florida Statutes.

SIGNATURE *Stephen B. Straske, II* **Stephen B. Straske, II** **4/15/98**  
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>AS</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>VPD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>UITERWYK, STEVEN A</b>	1.2 NAME	<b>Farrior, Preston L.</b>
STREET ADDRESS	<b>1307 W KENNEDY BLVD.</b>	1.3 STREET ADDRESS	<b>1307 W. Kennedy Boulevard</b>
CITY-ST-ZIP	<b>TAMPA FL 33601</b>	1.4 CITY-ST-ZIP	<b>Tampa, FL 33606</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FERMAN, JAMES L., JR.</b>	2.2 NAME	
STREET ADDRESS	<b>1307 W KENNEDY BLVD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	2.4 CITY-ST-ZIP	<b>33606</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERMAN, MARTHA S.</b>	3.2 NAME	<b>Straske, Stephen B. II</b>
STREET ADDRESS	<b>1307 W KENNEDY BLVD.</b>	3.3 STREET ADDRESS	<b>1307 W. Kennedy Boulevard</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	3.4 CITY-ST-ZIP	<b>Tampa, FL 33606</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FERMAN, CECELIA D.</b>	4.2 NAME	
STREET ADDRESS	<b>1307 W KENNEDY BLVD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	4.4 CITY-ST-ZIP	<b>33606</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JANICE F. STRASKE</b>	5.2 NAME	
STREET ADDRESS	<b>1307 WEST KENNEDY BLVD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	5.4 CITY-ST-ZIP	<b>33606</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LAURA F. FARRIOR</b>	6.2 NAME	
STREET ADDRESS	<b>1307 WEST KENNEDY BLVD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	6.4 CITY-ST-ZIP	<b>33606</b>

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 record 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 from my present name with my address.

SIGNATURE *Stephen B. Straske, II* **Stephen B. Straske, II** **4/15/98** (813) 251-2765

CR2E034 (10/97)