


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

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90042 027 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 299166

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1305 W Kennedy Blvd Suite, Apt. #, etc. 22 City & State 23 Zip 24 33606-1849 Country 25	2a. Mailing Address 26 1306 W Kennedy Blvd Suite, Apt. #, etc. 27 City & State 28 Zip 29 33606-1849 Country 30	3. Date Incorporated or Qualified 11/30/1965	4. FEI Number 59-1259235 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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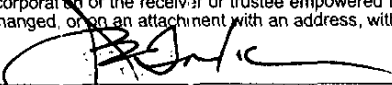
9. Name and Address of Current Registered Agent STRASKE, STEPHEN B II 1307 W. KENNEDY BLVD. TAMPA FL 33606	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1306 W Kennedy Blvd 83 84 City Tampa FL 85 Zip Code 33606-1849
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11. 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 _____
 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 VPD NAME FARRIOR, PRESTON L STREET ADDRESS 1307 W KENNEDY BLVD. CITY-ST-ZIP TAMPA FL 33606	<input type="checkbox"/> DELETE	1.1 TITLE VP 1.2 NAME James E Brakeman 1.3 STREET ADDRESS 1306 W Kennedy Blvd 1.4 CITY-ST-ZIP Tampa, FL 33606-1849	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME FERMAN, JAMES L., JR. STREET ADDRESS 1307 W KENNEDY BLVD. CITY-ST-ZIP TAMPA FL 33606	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME STRASKE, STEPHEN B II STREET ADDRESS 1307 W KENNEDY BLVD. CITY-ST-ZIP TAMPA FL 33606	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME FERMAN, CECELIA D. STREET ADDRESS 1307 W KENNEDY BLVD. CITY-ST-ZIP TAMPA FL 33606	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME JANICE F. STRASKE STREET ADDRESS 1307 WEST KENNEDY BLVD CITY-ST-ZIP TAMPA FL 33606	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LAURA F. FARRIOR STREET ADDRESS 1307 WEST KENNEDY BLVD CITY-ST-ZIP TAMPA FL 33606	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  James E Brakeman 4/22/99 (813) 251-2765
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)