

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

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H94268 (0)
 1. Corporation Name
3-T LEASING INC.

Principal Place of Business 1001 W DR M.L.KING JR BLVD PLANT CITY FL 33566-5150 US	Mailing Address 1001 W DR. M.L.KING JR BLVD PLANT CITY FL 33566 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/13/1986	3a. Date of Last Report 04/26/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2809921	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

81 Name V. VENKITESWARAN	82 Street Address (P.O. Box Number is Not Acceptable) 2908 FOREST CLUB DR	83	84 City PLANT City	85 Zip Code FL 33566
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9. Name and Address of Current Registered Agent
LAMBA, S.P.
1001 W DR M.L.K. JR BLVD
PLANT CITY FL

10. Name and Address of New Registered Agent
 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE V.V. **V.VENKITESWARAN, VICE PRESIDENT 5/9/97**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	C	<input type="checkbox"/>
NAME	KAVARANA, F K	
STREET ADDRESS	24 HOMI MODI ST	
CITY-ST-ZIP	BOMBAY IN	
TITLE	VS	<input checked="" type="checkbox"/>
NAME	LAMBA, S. P.	
STREET ADDRESS	2102 GOLFVIEW DRIVE	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	CD	<input type="checkbox"/>
NAME	SETH, D. S.	
STREET ADDRESS	HOMI MODY ST. #24	
CITY-ST-ZIP	BOMBAY 40001 INDIA	
TITLE	D	<input type="checkbox"/>
NAME	KRISHNA, KUMAR R K	
STREET ADDRESS	1 BISHOP LEFROY RD	
CITY-ST-ZIP	CALCUTTA IN	
TITLE	D	<input type="checkbox"/>
NAME	ASHCROFT, L.D.	
STREET ADDRESS	PO BOX 1528 N/A	
CITY-ST-ZIP	TRUTH OR CONSEQUENCES NM	
TITLE	D	<input checked="" type="checkbox"/>
NAME	LAI, RABIN D. DR.	
STREET ADDRESS	2908 FOREST CLUB DR	
CITY-ST-ZIP	PLANT CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	D. DIRECTOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	V. VENKITESWARAN		
1.3 STREET ADDRESS	2908 FOREST CLUB DR		
1.4 CITY-ST-ZIP	PLANT City, FL 33566		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: SIGNATURE REQUIRED **4-24-97 (813) 754-2602**

CR2E034 (9/96)