

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 # J54339 (3)

1. Corporation Name

FREERPORT LEASING OF FLORIDA CORP.



Principal Place of Business

% PHILIP M. WARREN
3350 E ATLANTIC BLVD.
POMPANO BEACH FL 33062

Mailing Address

% PHILIP M. WARREN
3350 E ATLANTIC BLVD.
POMPANO BEACH FL 33062

3. Date Incorporated or Qualified
01/26/1987

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARREN, PHILIP M.
3350 E ATLANTIC BLVD
POMPANO BEACH FL 33062

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:

Signature, typed or printed name of registered agent and filer, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HENRY, RICHARD W.
STREET ADDRESS 68 SOMERSET CRESCENT
CITY-ST-ZIP LONDON ON ☐ DELETE

1.1 TITLE PD HENRY RICHARD W. ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 10 TYNE DALE AVE
1.4 CITY-ST-ZIP LONDON ONTARIO N6H 5H9.

TITLE D
NAME HENRY, SHIRLEY W.
STREET ADDRESS 68 SOMERSET CRESCENT
CITY-ST-ZIP LONDON ON ☐ DELETE

2.1 TITLE D HENRY SHIRLEY J. ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 10 TYNE DALE AVE
2.4 CITY-ST-ZIP LONDON ONTARIO N6H 5H9.

TITLE ST
NAME HENRY, SHIRLEY J.
STREET ADDRESS 4557 EXETER RD.
CITY-ST-ZIP LONDON, ONTARIO N6L 1A9 ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME HENRY, RONALD G.
STREET ADDRESS 4557 EXETER RD.
CITY-ST-ZIP LONDON ON ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

Richard W. Henry Pres. APR 16/96 519-644-6211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)