

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

FLORIDA DEPARTMENT OF STATE
 1995



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 1995

FILED
 SECRETARY OF STATE
 OFFICE OF CORPORATIONS

95 MAY -1 PM 1:46

DOCUMENT # **P94000064141 (2)**

SCS LEASING CORPORATION

1700 UNIVERSITY DR SUITE 300
 CORAL SPRINGS FL

1700 UNIVERSITY DR SUITE 300
 CORAL SPRINGS FL

3. Date of Incorporation: 08/30/1994
 3a. Date of Last Report

4. FIC Number: 65-0579356
 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 not, by adoption, the articles of incorporation of Florida Statutes: Yes No

21. Principal Office Address: 1700 UNIVERSITY DR SUITE 300 CORAL SPRINGS FL
 22. Mailing Address: 1700 UNIVERSITY DR SUITE 300 CORAL SPRINGS FL
 23. City & State: CORAL SPRINGS FL
 24. ZIP: 33065
 25. Country: USA
 26. Mailing Address: 1700 UNIVERSITY DR SUITE 300 CORAL SPRINGS FL
 27. Mailing Address: 1700 UNIVERSITY DR SUITE 300 CORAL SPRINGS FL
 28. City & State: CORAL SPRINGS FL
 29. ZIP: 33065
 30. Country: USA

9. Name and Address of Current Registered Agent
SCHWARTZ, HOWARD R
 1700 UNIVERSITY DR SUITE 300
 CORAL SPRINGS FL

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number if Not Applicable)
 83.
 84. City
 85. Zip Code: FL

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(8), Florida Statutes, 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 aware with and accept the obligations of Sections 607.05(8) Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS	
12.1 NAME: PREV. STEVEN S. STEGELAUD	12.2 STREET ADDRESS: 4922 NW 81ST AVE	13.1 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 CITY: CORAL SPRINGS FL	12.4 STATE: FL	13.2 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 ZIP: 33065	12.6 COUNTRY: USA	13.3 CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME:	12.8 STREET ADDRESS:	13.4 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 CITY:	12.10 STATE:	13.5 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 ZIP:	12.12 COUNTRY:	13.6 CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME:	12.14 STREET ADDRESS:	13.7 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.15 CITY:	12.16 STATE:	13.8 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 ZIP:	12.18 COUNTRY:	13.9 CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.19 NAME:	12.20 STREET ADDRESS:	13.10 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.21 CITY:	12.22 STATE:	13.11 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.23 ZIP:	12.24 COUNTRY:	13.12 CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REMITTED BY MAY 1

14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.05(2) Florida Statutes. I further certify that the information indicated on this statement or supplemental affidavit 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 person or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13 if changed or new, attached with an address.

SIGNATURE:
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN S. STEGELAUD
 4/28/95
 305-753-2222