

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

**FILED**  
**Apr 06 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 # P97000012206 (3)**  
 1. Corporation Name  
**AEGIS LEASING, INC.**



Principal Place of Business <b>13320 S.W. COUNTRY ROAD                  SUITE 346                  ARCHER FL 32618</b>	Mailing Address <b>13320 S.W. COUNTRY ROAD                  SUITE 346                  ARCHER FL 32618</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>13320 S.W. CR 346</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>13320 S.W. CR 346</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>02/06/1997</b>	
22 City & State 23 <b>ARCHER, FL 32618</b>		27 City & State 28 <b>ARCHER, FL 32618</b>		4. FEI Number <b>59-3431399</b> Applied For <input type="checkbox"/> Not Applicable	
24 <b>32618</b> Zip		25 <b>ALACHUA</b> Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
29 <b>32618</b> Zip		30 <b>ALACHUA</b> Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
7. 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>CAUCHON, VINCENT                  13320 S.W. COUNTY ROAD 346                  SUITE 346                  ARCHER FL 32618</b>				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 <b>FL</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, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAUCHON, VINCENT</b>	1.2 NAME	
STREET ADDRESS	<b>13320 S.W. COUNTRY ROAD, SUITE 346</b>	1.3 STREET ADDRESS	<b>13320 S.W. CR 346</b>
CITY-ST-ZIP	<b>ARCHER FL 32618</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VSD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAUCHON, JOYCE</b>	2.2 NAME	
STREET ADDRESS	<b>13320 S.W. COUNTRY ROAD, SUITE 346</b>	2.3 STREET ADDRESS	<b>13320 S.W. CR 346</b>
CITY-ST-ZIP	<b>ARCHER FL 32618</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 \_\_\_\_\_

CF2E034 (10/97)