

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V05931** (3)

1. Corporation Name
2128L LEASING CO., INC.



Principal Place of Business Mailing Address
2450 N. WESTSHORE BLVD SUITE 204 TAMPA FL 33607 **2450 N. WESTSHORE BLVD SUITE 204 TAMPA FL 33607**

3. Date Incorporated or Qualified **01/13/1992** 3a. Date of Last Report **08/22/1995**
4. FEI Number **59-3108363** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**UPP, MICHAEL
2450 N. WESTSHORE BLVD
SUITE 204
TAMPA FL 33607**

10. Name and Address of New Registered Agent
81 Name **DENEY T. VANDYKE**
82 Street Address (P.O. Box Number is Not Acceptable) **1511 South Church**
83
84 City **Tampa** FL 85 Zip Code **33629**

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 *DENEY T. VANDYKE* *DENEY T. VANDYKE* DATE **8/6/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BOGAERT, NICK	
STREET ADDRESS	2450 N. WESTSHORE	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	SC	<input type="checkbox"/> DELETE
NAME	UPP, MICHAEL	
STREET ADDRESS	2450 N. WESTSHORE	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MESTRO, SHERI	
STREET ADDRESS	2450 N WESTSHORE BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Thacher, Peter	
13 STREET ADDRESS	2450 N. Westshore	
14 CITY-ST-ZIP	Tampa, Fl. 33607	
21 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	Vice-President /Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Patrick Upp	
43 STREET ADDRESS	2450 N. Westshore	
44 CITY-ST-ZIP	Tampa, Fl. 33607	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Peter B. Thacher*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/96 813-876-8484
DATE DAYTIME PHONE #

CR2E034 (3/96)