

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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **299166** (9)
1. Corporation Name
FERMAN MOTOR LEASING CORPORATION



Principal Place of Business POST OFFICE BOX 1321 TAMPA FL 33601	Mailing Address POST OFFICE BOX 1321 TAMPA FL 33601
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/30/1965	
21		26		4. FEI Number 59-1259235	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. 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	
24	Zip	25	Country	29	Zip
				30	Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UITERWYK, STEVEN A.
1307 W. KENNEDY BLVD.
TAMPA FL 33606**

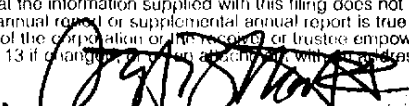
81	Name	Straske, Stephen B. II	
82	Street Address (P.O. Box Number is Not Acceptable)	1307 W. Kennedy Boulevard	
83			
84	City	Tampa	85 Zip Code FL 33606

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, on this day of 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 comply with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE  **Stephen B. Straske, II** 4/15/98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UITERWYK, STEVEN A	1.2 NAME	Farrior, Preston L.
STREET ADDRESS	1307 W KENNEDY BLVD.	1.3 STREET ADDRESS	1307 W. Kennedy Boulevard
CITY-ST-ZIP	TAMPA FL 33601	1.4 CITY-ST-ZIP	Tampa, FL 33606
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERMAN, JAMES L., JR.	2.2 NAME	
STREET ADDRESS	1307 W KENNEDY BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	33606
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERMAN, MARTHA S.	3.2 NAME	Straske, Stephen B. II
STREET ADDRESS	1307 W KENNEDY BLVD.	3.3 STREET ADDRESS	1307 W. Kennedy Boulevard
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33606
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERMAN, CECILIA D.	4.2 NAME	
STREET ADDRESS	1307 W KENNEDY BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	33606
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANICE F. STRASKE	5.2 NAME	
STREET ADDRESS	1307 WEST KENNEDY BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	33606
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAURA F. FARRIOR	6.2 NAME	
STREET ADDRESS	1307 WEST KENNEDY BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	33606

14. I 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 its record 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 from an appointment with an address.

SIGNATURE:  **Stephen B. Straske, II** 4/15/98 (813) 251-2765

CR2E034 (10/97)