

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 # 409792 (9)

1. Corporation Name

IN CO LEASING CO.



Principal Place of Business

734 N. 3RD ST., STE. 210
P.O. BOX 490267
LEESBURG FL 34749-0267

Mailing Address

734 N. 3RD ST., STE. 210
P.O. BOX 490267
LEESBURG FL 34749-0267

3. Date Incorporated or Qualified
09/29/1972

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

2a. Mailing Address

21 2204 N. Citrus Blvd

26 P.O. Box 490267

4. FEI Number

59-1430090

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 5B

27

City & State

City & State

23 Leesburg, FL

28 Leesburg, FL

Zip

Country

Zip

Country

24 34749-0267 25 Lake

29 34749-0267 30 Lake

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARBIEUX, W.D.
33438 PICCIOLA DRIVE
FRUITLAND PARK FL 34731

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 title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME BARBIEUX, W. D.
STREET ADDRESS 33438 PICCIOLA DR.
CITY-ST-ZIP FRUITLAND PARK FL

TITLE S
NAME BARBIEUX, JANN K
STREET ADDRESS 33438 PICCIOLA DR.
CITY-ST-ZIP FRUITLAND PARK FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

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

SIGNATURE

Jann K. Barbieux, Secretary

04-12-96 352-787-7333

Date

Daytime Phone #

CR2E034 (12/95)