


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

FILED

Apr 04 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 | |  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 2204 N. CITRUS BLVD 5B LEESBURG FL 34749-0267 US | | Mailing Address P.O. BOX 490267 P.O. BOX 490267 LEESBURG FL 34749-0267 US | |
| 2. Principal Place of Business 21 33438 Picciola Drive Suite, Apt. #, etc. 22 City & State 23 Fruitland Park, Florida Zip Country 24 34731 25 Lake | | 2a. Mailing Address 26 P.O. Box 490267 Suite, Apt. #, etc. 27 City & State 28 Leesburg, Florida Zip Country 29 34749-0267 30 Lake | |
| 3. Date Incorporated or Qualified 09/29/1972 | | 3a. Date of Last Report 04/16/1996 | |
| 4. FEI Number 59-1430090 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent BARBIEUX, W.D. 33438 PICCIOLA DRIVE FRUITLAND PARK FL 34731 | | 10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| 12. OFFICERS AND DIRECTORS | | | |
| TITLE | P <input type="checkbox"/> DELETE | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| NAME | BARBIEUX, W. D. | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 33438 PICCIOLA DR. | 1.2 NAME | |
| CITY - ST - ZIP | FRUITLAND PARK FL | 1.3 STREET ADDRESS | |
| TITLE | S <input type="checkbox"/> DELETE | 1.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARBIEUX, JANN K | 2.1 TITLE | |
| STREET ADDRESS | 33438 PICCIOLA DR. | 2.2 NAME | |
| CITY - ST - ZIP | FRUITLAND PARK FL | 2.3 STREET ADDRESS | |
| TITLE | <input type="checkbox"/> DELETE | 2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.1 TITLE | |
| STREET ADDRESS | | 3.2 NAME | |
| CITY - ST - ZIP | | 3.3 STREET ADDRESS | |
| TITLE | <input type="checkbox"/> DELETE | 3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.1 TITLE | |
| STREET ADDRESS | | 4.2 NAME | |
| CITY - ST - ZIP | | 4.3 STREET ADDRESS | |
| TITLE | <input type="checkbox"/> DELETE | 4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.1 TITLE | |
| STREET ADDRESS | | 5.2 NAME | |
| CITY - ST - ZIP | | 5.3 STREET ADDRESS | |
| TITLE | <input type="checkbox"/> DELETE | 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.1 TITLE | |
| STREET ADDRESS | | 6.2 NAME | |
| CITY - ST - ZIP | | 6.3 STREET ADDRESS | |
| TITLE | <input type="checkbox"/> DELETE | 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |

14. I do 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 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: *Sandra B. Mortham* **REQUIRED** 04-01-97 352-287-1263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)