

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 412358 (4)
1. Corporation Name
KENYON LEASING, INC.

Principal Place of Business
19400 U.S. 19 NORTH
CLEARWATER FL 34624-6016

Mailing Address
P. O. BOX 4500
CLEARWATER FL 34618
US

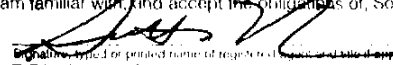


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/08/1972	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1454538		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip	28 Country	29 Zip		30 Country	
24	25	29	30	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	

9. Name and Address of Current Registered Agent KENYON, BRADLEY 19400 U.S. 19 NORTH CLEARWATER FL 34624		10. Name and Address of New Registered Agent 81 Name Scott A. Willkerson 82 Street Address (P.O. Box Number is Not Acceptable) 83 19400 US 19 North 84 City CLEARWATER FL 85 Zip Code 34624	
--	--	---	--

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  DATE 5/4/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, MARK	1.2 NAME	
STREET ADDRESS	19400 US 19 NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENYON, JANE	2.2 NAME	
STREET ADDRESS	19400 US 19 NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENYON, BRADLEY	3.2 NAME	
STREET ADDRESS	19400 US 19 NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAKAYAN, GEORGE	4.2 NAME	
STREET ADDRESS	19400 US HWY 19 N	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	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)(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:  DATE 4-16-98

CR2E034 (10/97)

Officers:

Adas

Thomas W. Hawkins
Republic Industries
450 East Las Olas Blvd,
Suite 1200
Ft Lauderdale, FL 33301
Phone: (954) 713-5221

Director

DOB: 4/18/61
SS# 374-66-9060

Scott A. Wilkerson
128 Buena Vista Drive
Dunedin, Fl 34698
Phone: (813) 461-3535

President

DOB: 9/25/55
SS# 414-96-8865

James O. Cole
Republic Industries
450 East Las Olas Blvd,
Suite 1200
Ft Lauderdale, FL 33301
Phone: (954) 713-5222

Director,
VP, Secretary

DOB: 2/6/41
SS# 417-56-1093

Kathleen W. Hyle
Republic Industries
450 East Las Olas Blvd,
Suite 1200
Ft Lauderdale, FL 33301
Phone: (954) 713-5297

Treasurer

DOB: 8/07/58
SS# 218-68-9554

Robert Pelletier

General Mgr

DOB:

Phone: (813) 539-7444