FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR 23 AM 10: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 460949 (1)

1. Corporation Name
AMERICAN EQUIPMENT LEASING CORP.

Principal Place of Business	Mailing Address
465 NIEUPORT DRIVE VERO BCH FL 32968-9218	465 NIEUPORT DRIVE VERO BCH FL 32968-9218

DO NOT WRITE IN THIS SPACE.

CHANGE OF ADDRESS

2. Principal Place of Business	2a. Mailing Address
21 2402 LEON AVE.	26 2402 LEON AVE.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 VERO BEACH, FL.	City & State 28 VERO BEACH FL.
Zip 24 32960 Country 25 INDIAN RIVER	Zip 29 32960 Country 30 INDIAN RIVER

3. Date Incorporated or Qualified: 09/11/1974
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1645565 ☐ 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

9. Name and Address of Current Registered Agent

PAYNE,JOHN H.
1028 NORTHEAST 45TH STREET
FORT LAUDERDALE FLORIDA 33308

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 W. R. Eckhardt WM. R. ECKHARDT 3-18-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PAYNE, JOHN H
STREET ADDRESS	1028 N E 45TH ST
CITY-ST-ZIP	FT LAUDERDALE, FL 00000
TITLE	STD
NAME	ECKHARDT, SANDRA
STREET ADDRESS	465 NIEUPORT DRIVE
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	PD
NAME	ECKHARDT, WILLIAM R
STREET ADDRESS	465 NIEUPORT DRIVE
CITY-ST-ZIP	VERO BEACH, FL 32960
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
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: W. R. Eckhardt WM. R. ECKHARDT 3-18-95 407-562-4141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0075891 CP