

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

FILED

Mar 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **463245** (1)  
1. Corporation Name  
**SOUTHERN LEASING SERVICES, INC.**

Principal Place of Business <b>3780 BURNS RD 10 PALM BEACH GARDENS FL 33410 US</b>	Mailing Address <b>P.O. BOX 30249 WEST PALM BEACH FL 33420-0249 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 600 Sandtree Dr</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26</b> <i>Same</i> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>10/16/1974</b>	
22 City & State <b>23 Palm Beach Gardens FL</b>		27 City & State		4. FEI Number <b>59-1559679</b> Applied For <input type="checkbox"/> Not Applicable	
24 Zip <b>33403</b>		25 Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
26		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LITTLE JR, JOHN P. 3780 BURNS RD 10 PALM BEACH GARDENS FL 33410</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) <b>600 Sandtree Dr</b>			
83 <b>Palm-Beach-Gardens-FL</b>				84 City <b>Palm Beach Gardens FL</b>			
85 Zip Code <b>33403</b>				86			

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]* (NOTE: Registered Agent signature required when reinstating) DATE **1-7-97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>CUTSHAW, JAMES E</b>			1.2 NAME			
STREET ADDRESS	<b>3780 BURNS RD, 10</b>			1.3 STREET ADDRESS	<b>600 Sandtree Dr</b>		
CITY-ST-ZIP	<b>PALM BCH GARDENS FL</b>			1.4 CITY-ST-ZIP	<b>Palm Beach Gardens FL</b>		
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LITTLE, JOHN P JR</b>			2.2 NAME			
STREET ADDRESS	<b>3780 BURNS RD, 10</b>			2.3 STREET ADDRESS	<b>600 Sandtree Dr</b>		
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>			2.4 CITY-ST-ZIP	<b>Palm Beach Gardens FL</b>		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				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: *[Signature]* John P. Little Pres 1-7-1998 561-775-2900

CR2E034 (10/97)