

# 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 # 549677 (3)**

1. Corporation Name

**SNI LEASING, INC.**



Principal Place of Business

Mailing Address

**15 E. DONEGAN AVE  
KISSIMMEE FL 34744  
US**

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KISSIMMEE FL 34744  
US**

3. Date Incorporated or Qualified  
**10/14/1977**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEREZ, TICO  
200 S ORANGE AVE  
SUITE 2300  
ORLANDO FL 32801**

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

**RUSSELL, JOHN H.**

STREET ADDRESS

**15 E DONEGAN AVE**

CITY- ST- ZIP

**KISSIMMEE FL**

TITLE

S

☐ DELETE

NAME

**COHN, DEBBIE P.**

STREET ADDRESS

**15 E DONEGAN AVE**

CITY- ST- ZIP

**KISSIMMEE FL**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

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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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/6/96*  
Date

*407-846-1600*  
Daytime Phone #

CR2E034 (12/95)