

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 558579 (9)

1. Corporation Name

PARK AVENUE LEASING & RENTAL COMPANY



Principal Place of Business

% PAMELA O PRICE
201 E PINE STR. STE 1200
ORLANDO FL 32801
US

Mailing Address

% PAMELA PRICE
J201 E PINE STR. STE 1200
ORLANDO FL 32801
US

3. Date Incorporated or Qualified
01/31/1978

3a. Date of Last Report
02/22/1995

4. FEI Number

59-1795178

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

PRICE, PAMELA O
201 E PINE STR
STE 1200
ORLANDO FL 32801

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 607.1503, 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 of registered agent and use the new agent and the date

Signature of Registered Agent (signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP ☐ DELETE	1. 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP ☐ Change ☐ Addition
2. TITLE NAME STREET ADDRESS CITY, ST, ZIP ☐ DELETE	2. 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP ☐ Change ☐ Addition
3. TITLE NAME STREET ADDRESS CITY, ST, ZIP ☐ DELETE	3. 1. TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP ☐ Change ☐ Addition
4. TITLE NAME STREET ADDRESS CITY, ST, ZIP ☐ DELETE	4. 1. TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP ☐ Change ☐ Addition
5. TITLE NAME STREET ADDRESS CITY, ST, ZIP ☐ DELETE	5. 1. TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP ☐ Change ☐ Addition
6. TITLE NAME STREET ADDRESS CITY, ST, ZIP ☐ DELETE	6. 1. TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP ☐ Change ☐ Addition

14. I 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Betty Mason

3.20.96

407-678-6000

Date

Phone Number

CR2E034 (12/95)