

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 575075 (7)

1. Corporation Name

MIDLAND LEASING CORP.



Principal Place of Business

405 THORPE ROAD
P.O. BOX 593448
ORLANDO FL 32859-0448

Mailing Address

405 THORPE ROAD
P.O. BOX 593448
ORLANDO FL 32859-0448

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, 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

WARREN, DAVID E.
1403 NEVADA AVENUE
ORLANDO, FL AB 32809

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 of the previous holder of registered agent and the applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME: WARREN, DAVID E.
STREET ADDRESS: 1403 NEVADA AVE.
CITY - ST - ZIP: ORLANDO FL

2. TITLE ☐ DELETE

NAME: WARREN, MARGARET ANN
STREET ADDRESS: 1403 NEVADA AVE.
CITY - ST - ZIP: ORLANDO FL

3. TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY - ST - ZIP:

4. TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY - ST - ZIP:

5. TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY - ST - ZIP:

6. TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

2. 1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

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 Book 12 or Book 13, changed, or on an attachment with an address.

SIGNATURE:

David E. Warren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96

Date

407-851-5270

Daytime Phone #

CR2E034 (12/95)