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Jan 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 590484 (2)
1. Corporation Name
J & A LEASING, INC.



Principal Place of Business: 2024 45TH STREET, NORTH ST. PETERSBURG FL 33713
Mailing Address: 2024 45TH STREET, NORTH ST. PETERSBURG FL 33713-4657

3. Date Incorporated or Qualified: 10/19/1978
3a. Date of Last Report: 01/23/1996
4. FEI Number: 59-1858813
5. Certificate of Status Desired: [X] \$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: [X] Yes [] No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip
Country

9. Name and Address of Current Registered Agent
GONZALEZ, ANGELO
2024 45TH STREET, NORTH
ST. PETERSBURG, FL LP 33713

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P. O. Box Number is Not Acceptable)
83
84 City
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: _____ DATE: _____
(Signature type and printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE: VS
NAME: GONZALEZ, JOSEPHINE
STREET ADDRESS: 2024 45TH ST. N.
CITY-ST-ZIP: ST. PETERSBURG FL
[] DELETE
TITLE: PT
NAME: GONZALEZ, ANGELO
STREET ADDRESS: 2024 45TH ST. N.
CITY-ST-ZIP: ST. PETERSBURG FL
[] DELETE
[] DELETE
[] DELETE
[] DELETE

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 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: Angelo Gonzalez, President
1-9-97 813-321-5660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0378368

CR2E034 (9/96)