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Feb 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 595979 (6)  
1. Corporation Name  
FISCHER LEASING, INC.



Principal Place of Business Mailing Address  
3555 SE FEDERAL HIGHWAY 3555 SE FEDERAL HIGHWAY  
PO BOX 569 PO BOX 569  
STUART FL 34995 STUART FL 34995-0569

3. Date Incorporated or Qualified 12/01/1978 3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1869842 Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

FISCHER, RICHARD A.  
3555 SE FEDERAL HIGHWAY  
STUART FL 34995

81 Name Christine M. Muschler  
82 Street Address (P.O. Box Number is Not Acceptable) 3555 S.E. Federal Highway  
83  
84 City Stuart FL 85 Zip Code 34997

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 CHRISTINE M. MUSCHLER Christine M. Muschler 1-27-97  
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	1.1 TITLE	PD
NAME	FISCHER, RICHARD A	1.2 NAME	Fischer, William M.
STREET ADDRESS	11066 TURTLE BEACH RD.	1.3 STREET ADDRESS	115 N. Sewall's Point Rd.
CITY-ST-ZIP	N PALM BCH, FL 00000	1.4 CITY-ST-ZIP	Stuart, Fl. 34994
TITLE	ST	2.1 TITLE	STD
NAME	MUSCHLER, CHRISTINE	2.2 NAME	Muschler, Christine
STREET ADDRESS	5340 S.E. STERLING CIR.	2.3 STREET ADDRESS	5340 S.E. Sterling Cir.
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	Stuart, Fla. 34997
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Christine M. Muschler Secretary 1-10-97 541-286-3555  
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)