

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Martinez
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 AM 11:02

DOCUMENT # **618724** (9)
1. Corporation Name
DISTRIBUTORS LEASING CORP.

Principal Place of Business Mailing Address
**1255 N.E. FLAGLER DR.
FT LAUDERDALE FL 33304** **1255 N.E. FLAGLER DR.
FT. LAUDERDALE FL 33304-2131
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/26/1979** 3a. Date of Last Report **03/24/1994**
4. FEI Number **59-1909901** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THIES, WILLIAM F. J
1335 N.W. 26 ST.
FT LAUDERDALE FL 33305**

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)

(807) Registered Agent signature required when translating

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	THIES, WILLIAM F.
STREET ADDRESS	1335 NE 26TH ST
CITY, ST, ZIP	FT LAUDERDALE FL
TITLE	PD
NAME	THIES, DENNIS W
STREET ADDRESS	1335 NE 26TH ST
CITY, ST, ZIP	FT LAUDERDALE FL
TITLE	VD
NAME	THIES JR., WILLIAM F.
STREET ADDRESS	1335 N E 26TH STREET
CITY, ST, ZIP	FT LAUDERDALE, FL 00000
TITLE	T
NAME	MILLS, BRUCE E.
STREET ADDRESS	1335 NE 26TH ST
CITY, ST, ZIP	FT. LAUDERDALE FL
TITLE	S
NAME	BOWNE, ROBERTA A.
STREET ADDRESS	1335 NE 26TH ST
CITY, ST, ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	FAYNE, STEVEN N.
STREET ADDRESS	1335 NE 26TH ST.
CITY, ST, ZIP	FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

Delete Director
No Replacement to date

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 110.07(1)(b), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in person. 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 of this report, or on an attachment with an address.

SIGNATURE: *Roberta A. Bowne* Secretary
ROBERTA A. BOWNE

3/23/95

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