

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 618724 (9)

1. Corporation Name

DISTRIBUTORS LEASING CORP.

Principal Place of Business

**1255 N.E. Flagler Dr.
Ft. Lauderdale, FL 33304-2131**

Mailing Address

**1255 N.E. Flagler Dr.
Ft. Lauderdale, FL 33304-2131**

3. Date Incorporated or Qualified
04/26/79

3a. Date of Last Report
3/23/95

2. Principal Place of Business

21 Suite, Apt # etc

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

29 Zip Country

30

4. FEI Number

59-1909901

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

9. Name and Address of Current Registered Agent

**Thies, Jr. William F.
1335 N.E. 26 Street
Ft. Lauderdale, FL 33305**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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. Thereby 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 the Applicant

(Block 13) Registered Agent's Signature (Typed when registered)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	THIES, WILLIAM F.	
STREET ADDRESS	1335 N.E. 26 ST.	
CITY- ST- ZIP	FT. LAUDERDALE, FL 33305	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	THIES, DENNIS W.	
STREET ADDRESS	1335 N.E. 26 ST.	
CITY- ST- ZIP	FT. LAUDERDALE, FL 33305	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	THIES JR., WILLIAM F.	
STREET ADDRESS	1335 N.E. 26 ST.	
CITY- ST- ZIP	FT. LAUDERDALE, FL 33305	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MILLS, BRUCE E.	
STREET ADDRESS	1335 N.E. 26 ST.	
CITY- ST- ZIP	FT. LAUDERDALE, FL 33305	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BOWNE, ROBERTA A.	
STREET ADDRESS	1335 N.E. 26 ST.	
CITY- ST- ZIP	FT. LAUDERDALE, FL 33305	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

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*****200.00**

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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Roberta A. Bowne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Roberta A. Bowne

Secretary

3/13/96

305-566-1000

CR2E034 (12/95)