## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997

いんまれてきるとなったとうないとうか ときない



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 624950

(2)

FILED

97 APR -8 AM 10: 31

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	E LEASING, INC.		Ma	ailing Add	Iress				_							
1492 WEST FLAGLER STREET MIAMI FL 33135-2209				1492 WEST FLAGLER STREET MIAMI FL 33135-2209												
<u>.</u>									0	ate Incorpo 7/25/197		tualified		ate of Las 12/199		ort
مستقد	Place of Business		—ı	Mailing A	Address				1	I Number	NO.4					ied For
Suite, Apt.	# atc		26	Cuito Ar	ot #, etc.				<del> </del> :	59-1780	:04			\$8.7		Applica
22	. F, 610.		27	Suite, Fig.	οι , <b>π, τ</b> οιο.				5. C	ertificate of	Status Do	sired			D Add Regu	
City & Stat	te			City & St	ate				6. El	ection Can	paion Fina	ancino		\$5.0		
23			28						l l	ust Fund C		_			ed to l	
Zip	Cour	ntry		Zip			untry			is corpora					rs. 19	99.032
24	25		29			30	J			orida Statu			Yes			
A*/	9, Name and Add	ress of Current	Regist	tered Age	ent		B1	Name	10. N	ame and A	daress of	New He	gisterea	Agent		
	Ormont, Ray C. XX Alton Rd.															
	MI BEACH FL 3311	۵					82 5	Street Addr	ress (P.O	Box Numl	per is Not a	Acceptal	ble)			
MIM	um DEAUNTE 3311	0				;	83			·						
									<u> </u>							
							84 (	City					FL	85 7	ip Co	de
office or i	to the provisions of Se registered agont, or bo am familiar with, and a	oth, in the State o ecopt the obligati	f Florid ions of,	la. Such d , Section :	change wa 607.0505,	s authorize Florida Stat	d by th tutes.	ne corporat	tion's boa	rd of direc	statement ors. I here	for the post of th	ot the app	f changin pointment	g its reg	egiste gistere
office or agent. I a SIGNATURE	registered agent, or be am familiar with, and a Signature, typed or printed no	oth, in the State o ecopt the obligati	if Florid ions of, and title i	la, Such d , Section : Il applicable TORS	chango wa 607.0505, (N	is authorize Florida Stat (OTE: Registerer 13.	d by th tutes.	ne corporat	tion's boa	rd of direc	ors. I hore	by acce	pt the app	DIREC1	as reg	gistere
office or agent. I a SIGNATURE 12.	registered agont, or be am familiar with, and a Signature, typed or printed no	oth, in the State of ecopt the obligations of registered agent OFFICERS AND	if Florid ions of, and title i	la, Such d , Section : Il applicable TORS	change wa 607.0505,	is authorize Florida Stat IOTE: Registeres 13.	ed by th tutes. Ed Agen! s	ne corporat	tion's boa	rd of direc stating) DITIONS/C	HANGES	TO OFFIC	DATE	D DIRECT	as reg	gistere
office or agent. I ag	registered agont, or be am familiar with, and a signature, typed or printed no DP STORMONT, RAY	oth, in the State of coop! the obligation of registered agent OFFICERS AND	if Florid ions of, and title i	la, Such d , Section : Il applicable TORS	chango wa 607.0505, (N	is authorize Florida Stat OTE: Registeres 13. 1.1 Ti	ed by the tutes.  Id Agents  ITLE	ne corporat	tion's boa	rd of direc stating) DITIONS/C	HANGES	TO OFFIC	DATE	D DIRECT	as reg	gistere
office or a gent. I a signature SIGNATURE  12. TITLE NAME STREET ADDRESS	registered agont, or be am familiar with, and a signature, typod or printed no DP STORMONT, RAY 5300 ALTON ROA	oth, in the State of eccept the obligations of registered agent OFFICERS AND	if Florid ions of, and title i	la, Such d , Section : Il applicable TORS	chango wa 607.0505, (N	s authorize Florida Stat IGTE: Registere: 13. 1.1 TI 1.2 No 1.3 ST	ed by th tutes. ITLE IAME TREET AD	ne corporat	tion's boa	rd of direc stating) DITIONS/C	HANGES	TO OFFIC	DATE	D DIRECT	as reg	gister
office or agent. I ag	registered agont, or be am familiar with, and a signature, typed or printed no DP STORMONT, RAY	oth, in the State of eccept the obligations of registered agent OFFICERS AND	if Florid ions of, and title i	la. Such c , Section i il applicable.	chango wa 607.0505, (N	s authorize Florida Stat IGTE: Registere: 13. 1.1 TI 1.2 No 1.3 ST	ed by the tutes.  ITLE  MAME  TREET AD  ITY-ST-2	ne corporat	tion's boa	rd of direc stating) DITIONS/C	HANGES	TO OFFIC	DATE	D DIRECT	as reg	gister
office or agent. I ag	registered agont, or be am familiar with, and a signature, typod or printed no DP STORMONT, RAY 5300 ALTON ROA	oth, in the State of eccept the obligations of registered agent OFFICERS AND	if Florid ions of, and title i	la. Such c , Section i il applicable.	chango wa 607.0505, (N	is authorize. Florida Stat KHE: Registere: 13. 1.1 H 1.2 N 1.3 St 1.4 Ct	ed by the tutes.  In Agent's  ITLE  IAME  IBEET AD  ITLE  ITLE	ne corporat	tion's boa	rd of direc stating) DITIONS/C	ors. I hore	TO OFFIC	DATE	D DIRECT	as reg	gister
office or agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agont, or be am familiar with, and a signature, typod or printed no DP STORMONT, RAY 5300 ALTON ROA	oth, in the State of eccept the obligations of registered agent OFFICERS AND	if Florid ions of, and title i	la. Such c , Section i il applicable.	chango wa 607.0505, (N	IS authorize. Florida State (CIE: Registere: 13. 1.1 11 1.2 N 1.3 St 1.4 CI 2.1 TI 2.2 N	ed by the tutes.  In Agent's  ITLE  IAME  IBEET AD  ITLE  ITLE	DRESS	tion's boa	rd of direc stating) DITIONS/C	HANGES	TO OFFIC	DATE	D DIRECT	as reg	gister
office or agont. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP CITY-S1-ZIP CITY-S1-ZIP	registered agont, or be am familiar with, and a signature, typod or printed no DP STORMONT, RAY 5300 ALTON ROA	oth, in the State of eccept the obligations of registered agent OFFICERS AND	if Florid ions of, and title i	la. Such o , Section i il applicable LTORS	DELETE	IS authorize: Florida Stat  KOL: Registere:  13.  1.1 II  1.2 N  1.3 SI  1.4 CI  2.1 II  2.2 N  2.3 SI  2.4 C	ITLE  IAME	DRESS	tion's boa	rd of direc stating) DITIONS/C	HANGES	TO OFFIC	DATE	DIRECT Chang	ORS I	IN 12 Add
office or agent. I ag	registered agont, or be am familiar with, and a signature, typod or printed no DP STORMONT, RAY 5300 ALTON ROA	oth, in the State of eccept the obligations of registered agent OFFICERS AND	if Florid ions of, and title i	la. Such o , Section i il applicable LTORS	chango wa 607.0505, (N	IS authorize: Florida State  (CTE: Registere:  13.  1.1 Tr  1.2 Nr  1.4 Cr  2.1 Tr  2.2 Nr  2.3 Sl  2.4 Cr  3.1 Tr	Id by the totes.  If the totes in the totes	DRESS	tion's boa	rd of direc stating) DITIONS/C	HANGES	TO OFFIC	DATE	D DIRECT	ORS I	IN 12 Add
office or agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agont, or be am familiar with, and a signature, typod or printed no DP STORMONT, RAY 5300 ALTON ROA	oth, in the State of eccept the obligations of registered agent OFFICERS AND	if Florid ions of, and title i	la. Such o , Section i il applicable LTORS	DELETE	IS authorize: Florida Stati KHE: Registere: 13. 1.1 TI 12 N/ 1.3 ST 1.4 CI 2.1 TI 22 N/ 2.3 ST 2.4 CI 3.1 TI 3.2 N/	Id by the totes.  ITLE  IMME  ITREET AD  ITY-ST-Z  ITLE  AME  ITREET ADI  ITRE	DRESS DRESS ZIP	tion's boa	rd of direc stating) DITIONS/C	HANGES	TO OFFIC	DATE	DIRECT Chang	ORS I	IN 12 Add
office of agent. I e SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	registered agont, or be am familiar with, and a signature, typod or printed no DP STORMONT, RAY 5300 ALTON ROA	oth, in the State of eccept the obligations of registered agent OFFICERS AND	if Florid ions of, and title i	la. Such o , Section i il applicable LTORS	DELETE	S authorize Florida Stat (CH: Registere: 13. 1.1 TI 1.2 No 2.1 TI 2.2 No 2.3 ST 2.4 C 3.1 Ti 3.2 No 3.3 ST	Ed by the totos.  Ed Agent s  Ed Agent s  ITLE  IAME  TREET AD	DRESS DRESS DRESS DRESS DRESS	tion's boa	rd of direc stating) DITIONS/C	HANGES	TO OFFIC	DATE	DIRECT Chang	ORS I	IN 12 Add
office of agent. I e SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agont, or be am familiar with, and a signature, typod or printed no DP STORMONT, RAY 5300 ALTON ROA	oth, in the State of eccept the obligations of registered agent OFFICERS AND	if Florid ions of, and title i	la. Such o	DELETE	IS authorize: Florida Stati KHE: Registere:  13. 1.1 TI 1.2 N/ 1.3 S1 1.4 CI 2.1 TI 2.2 N/ 2.3 S1 2.4 C 3.1 Ti 3.2 N/ 3.3 S1 3.4 C	IN A Agent s  IN A	DRESS DRESS DRESS DRESS DRESS	tion's boa	rd of direc stating) DITIONS/C	HANGES	TO OFFIC	DATE	D DIRECT Change	ORS I	IN 12 Add
Office or agent. I ag	registered agont, or be am familiar with, and a signature, typod or printed no DP STORMONT, RAY 5300 ALTON ROA	oth, in the State of eccept the obligations of registered agent OFFICERS AND	if Florid ions of, and title i	la. Such o	DELETE	IS authorize: Florida Stational State	ITLE  MAME  THEFT AD	DRESS DRESS DRESS DRESS DRESS	tion's boa	rd of direc stating) DITIONS/C	HANGES	TO OFFIC	DATE	DIRECT Chang	ORS I	gistore IN 12 Add
Office or agent. I ag	registered agont, or be am familiar with, and a signature, typod or printed no DP STORMONT, RAY 5300 ALTON ROA	oth, in the State of eccept the obligations of registered agent OFFICERS AND	if Florid ions of, and title i	la. Such o	DELETE	S authorize Florida Stat  (CIL: Registere: 13. 1.1 TI 1.2 N 1.3 S1 1.4 CI 2.1 TI 2.2 N 2.3 S1 2.4 C 3.1 Ti 3.2 N 3.3 S1 3.4 C 4.1 Ti 4.2 N	INCLUDED TO THE TOTAL OF THE TO	DRESS ZIP  DRIESS ZIP	tion's boa	rd of direc stating) DITIONS/C	HANGES	TO OFFIC	DATE	D DIRECT Change	ORS I	gistere
Office or agent. I ag	registered agont, or be am familiar with, and a signature, typod or printed no DP STORMONT, RAY 5300 ALTON ROA	oth, in the State of eccept the obligations of registered agent OFFICERS AND	if Florid ions of, and title i	la. Such o	DELETE	IS authorize: Florida State Fl	ITLE  THE MAME  THEFT AD  THE MAME  THEFT AD	DRESS ZIP  DRESS DRESS DRESS	tion's boa	rd of direc stating) DITIONS/C	HANGES	TO OFFIC	DATE	D DIRECT Change	ORS I	gistere
Office or agent. I e  SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  NAME	registered agont, or be am familiar with, and a signature, typod or printed no DP STORMONT, RAY 5300 ALTON ROA	oth, in the State of eccept the obligations of registered agent OFFICERS AND	if Florid ions of, and title i	la. Such o	DELETE	IS authorize: Florida State Fl	INCLUDED TO THE TOTAL OF THE TO	DRESS ZIP  DRESS DRESS DRESS	tion's boa	rd of direc stating) DITIONS/C	HANGES	TO OFFIC	DATE	D DIRECT Change	ors I	Ostere
Office or agent. I e gent. I e gent. I e gent. I e signature  12.  Title Name Street Address City-S1-Zip	registered agont, or be am familiar with, and a signature, typod or printed no DP STORMONT, RAY 5300 ALTON ROA	oth, in the State of eccept the obligations of registered agent OFFICERS AND	if Florid ions of, and title i	la. Such o	DELETE  DELETE	IS authorize: Florida Stational State	ITLE  AMME  THEFT AD  THEF	DRESS ZIP  DRESS DRESS DRESS	tion's boa	rd of direc stating) DITIONS/C	HANGES	TO OFFIC	DATE	D DIRECT Change	ors I	Gistore  Add  Add  Add
Office or agent. I ag	registered agont, or be am familiar with, and a signature, typod or printed no DP STORMONT, RAY 5300 ALTON ROA	oth, in the State of eccept the obligations of registered agent OFFICERS AND	if Florid ions of, and title i	la. Such o	DELETE  DELETE	IS authorize: Florida Stational State Florida State Florid	ITLE  AMME  THEFT AD  THEF	DRESS ZIP  DRESS ZIP  DRESS ZIP	tion's boa	rd of direc stating) DITIONS/C	HANGES	TO OFFIC	DATE	D DIRECT Change	ors I	Gistore  Add  Add  Add
Office or agent. I ag	registered agont, or be am familiar with, and a signature, typod or printed no DP STORMONT, RAY 5300 ALTON ROA	oth, in the State of eccept the obligations of registered agent OFFICERS AND	if Florid ions of, and title i	la. Such o	DELETE  DELETE	IS authorize: Florida Stational State Florida State Florid	INCLUDED TO THE TOTAL OF THE TO	DRESS ZIP  DRESS ZIP  DRESS ZIP  DRESS	tion's boa	rd of direc stating) DITIONS/C	HANGES	TO OFFIC	DATE	D DIRECT Change	ors I	Gistore  Add  Add  Add
Office or agent. I e gent. I e gent. I e gent. I e signature  12.  Title  Name  Street address  City-S1-Zip  Title  Name  Street address  Street address  Street address	registered agont, or be am familiar with, and a signature, typod or printed no DP STORMONT, RAY 5300 ALTON ROA	oth, in the State of eccept the obligations of registered agent OFFICERS AND	if Florid ions of, and title i	la. Such of Section of	DELETE  DELETE	IS authorize: Florida Stational State Florida State Florid	ITLE  AME  THET AD  THET AME  THET AD  THET AME  THET AD  THET AD  THET AME  THET AD  THET AME  THET AD  THET A	DRESS ZIP  DRESS ZIP  DRESS ZIP  DRESS	tion's boa	rd of direc stating) DITIONS/C	HANGES	TO OFFIC	DATE	D DIRECT Change	ors reconstruction of the construction of the	Gistere Add
Office or egent. I eg	registered agont, or be am familiar with, and a signature, typod or printed no DP STORMONT, RAY 5300 ALTON ROA	oth, in the State of eccept the obligations of registered agent OFFICERS AND	if Florid ions of, and title i	la. Such of Section of	DELETE  DELETE  DELETE	IS authorize: Florida Stational State Florida State Florid	INCLUDED TO THE MANUEL	DRESS ZIP  DRESS ZIP  DRESS ZIP  DRESS	tion's boa	rd of direc stating) DITIONS/C	HANGES	TO OFFIC	DATE	D DIRECT Chang	ors reconstruction of the construction of the	Gistere Add
Office or eggent. I eggent	registered agont, or be am familiar with, and a signature, typod or printed no DP STORMONT, RAY 5300 ALTON ROA	oth, in the State of eccept the obligations of registered agent OFFICERS AND	if Florid ions of, and title i	la. Such of Section of	DELETE  DELETE  DELETE	IS authorize: Florida Stational State Florida State Florid	INCLUDED TO THE MANUEL	DRESS ZIP  DRESS ZIP  DRESS ZIP  DRESS ZIP	tion's boa	rd of direc stating) DITIONS/C	HANGES	TO OFFIC	DATE	D DIRECT Chang	ors reconstruction of the construction of the	gistere IN 12

14. If do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. 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 offect as if made under eath; 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.