FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:52

DOCUMENT # 643164 (7)

1. Corporation Name
NORMAN BROTHERS LEASING, INC.

Principal Place of Business	Mailing Address
% MARVIN E. ROOKS, ESQ. ~~147 WEST LYMAN AVENUE~~ ~~WINTER PARK FL 32789~~	% MARVIN E. ROOKS, ESQ. ~~147 WEST LYMAN AVENUE~~ ~~WINTER PARK FL 32789~~
2. Marvin E. Rooks, Esquire MARVIN E. ROOKS, P.A. 500 Crown Oak Centre Drive Longwood, FL 32750	2a. Mailing Address Marvin E. Rooks, Esquire MARVIN E. ROOKS, P.A. 500 Crown Oak Centre Drive Longwood, FL 32750

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/18/1979
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-1074107 ☐ 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

ROOKS, MARVIN E. ESQ.
~~%TURNBULL, ABNER, DANIELS & ROOKS~~
~~147 WEST LYMAN AVENUE~~
~~WINTER PARK FL 32789~~

10. Name and Address of New Registered Agent

81 Name
82 Street: Marvin E. Rooks, Esquire / MARVIN E. ROOKS, P.A.
83 500 Crown Oak Centre Drive
84 City: Longwood, FL 32750 L 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 ______ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	STD
NAME	NORMAN, JAMES G.
STREET ADDRESS	1983 NORTH SEMORAN BLVD.
CITY-ST-ZIP	ORLANDO FL 32807
TITLE	PD
NAME	NORMAN, GEORGE J.
STREET ADDRESS	1983 NORTH SEMORAN BLVD.
CITY-ST-ZIP	ORLANDO FL 32807
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 [illegible] this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated [illegible] 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 [illegible] poration 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: James G. Norman 1-17-95 407 657 9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

004507 CP