


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **651144** (8)  
1. Corporation Name  
**F D P LEASING CORP.**

Principal Place of Business  
**2140 S. DIXIE HIGHWAY  
MIAMI FL 33133**

Mailing Address  
**2140 S. DIXIE HIGHWAY  
MIAMI FL 33133**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/02/1979</b>		3a. Date of Last Report <b>05/01/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-1972512</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		25 Country		29 Country		30 Country	
9. Name and Address of Current Registered Agent <b>GOLDBERG, MICHAEL C. 8555 PONCE DE LEON RD. MIAMI FL 33143</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 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. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<b>CBD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PICK, EDWARD</b>	1.2 NAME	<b>GOLDBERG, MICHAEL C</b>
STREET ADDRESS	<b>2417 N. GREENWAY DR.</b>	1.3 STREET ADDRESS	<b>8555 PONCE DE LEON RD</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FL 33143</b>
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PRICE, BEVERLY</b>	2.2 NAME	<b>MURO, KATHLEEN</b>
STREET ADDRESS	<b>5800 SW 85 ST.</b>	2.3 STREET ADDRESS	<b>407 SE 7 ST</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	<b>DANIA, FL 33004</b>
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<b>STD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALVAREZ, CESAR</b>	3.2 NAME	<b>GOLDBERG, CINDY</b>
STREET ADDRESS	<b>1221 BRICKWELL AVE., 22ND FLOOR</b>	3.3 STREET ADDRESS	<b>8555 PONCE DE LEON RD</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	<b>MIAMI, FL 33143</b>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NIERBERG, BRUCE</b>	4.2 NAME	<b>STROUD, CHRISTINE</b>
STREET ADDRESS	<b>774 GLENGARRY DR.</b>	4.3 STREET ADDRESS	<b>7420 LOW 162 ST</b>
CITY-ST-ZIP	<b>MELBOURNE FL</b>	4.4 CITY-ST-ZIP	<b>MIAMI, FL 33157</b>
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<b>EVP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCHIFF, ALBERT J.</b>	5.2 NAME	<b>KENNEDY, DOUGLAS</b>
STREET ADDRESS	<b>263 TRESSER BLVD. 10TH FLOOR</b>	5.3 STREET ADDRESS	<b>12940 CORONADO TERR.</b>
CITY-ST-ZIP	<b>STAMFORD CT</b>	5.4 CITY-ST-ZIP	<b>N. MIAMI, FL 33181</b>
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLEISCHMAN, RICHARD</b>	6.2 NAME	
STREET ADDRESS	<b>75 BREAKNECK HILL RD.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SOUTHBORO MA 01772</b>	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 \_\_\_\_\_

CR2E034 (4/97)