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



CORI ANNU	PROFIT PORATION AL REPORT 1997	FLORIDA DEPARTI Sandra B. (Secretary DIVISION OF CO	Mortham of State	tham tate		Apr 10 1997 8:00am Secretary of State				
DOCUN 1. Corporation ORANGE	MENT # 657437 E STATE LEASING CORPOR	\ /								
Principal Place 12935 SW 87 A MAMI FL 33176 US	VE	Mailing Address 12935 SW 67 AVE MIAMI FL 33176-5913 US					orated or Qua		Date of Last R	
						02/21/19	80		04/25/1996	ероп
2. Principal Fla	ace of Business	2a. Mailing Address		,	4.	FEI Numbe 59-197			f	optied For ot Applicable
Suite, Apt #	, etc.	Suite, Apt. #, etc.		••••	5.		of Status Desire	ed 🗆	\$8.75	Additional
City & State	!	City & State			6.	Election Ca	mpalgn Financ	ing	Fee Re \$5.00	<u> </u>
23	Country	28	Country			Trust Fund	Contribution		Added	to Fees
24	25	t	0			Florida Sta	utes	X Yes	gible tax under s s	. 199.032,
	9, Name and Address of Curren	t Registered Agent	81	Name	10.	Name and	Address of N	w Registe	ered Agent	
	HEIN, JAY 15 SW 87 AVE		60		Address (C	O Double	mber is Not Ac			
MIAMI FL 33176				Street	AUGIESS (F	.O. BOX NUI	TIDET IS INOLAC	зеріаоіе)	· · · · · · · · · · · · · · · · · · ·	
			63						•	
			84	City					FL 85 Zip	Code
11. Pursuant to	o the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statutes of Florida Such change was au	, the above	named the con	corporation	submits th	is statement fo	r the purpo	se of changing it	s registered
agent. Lar	n familiar with, and accept the obliga	ations of, Section 607.0505, Flori	da Statutes							
	Signature, type dior printed name of registered age		Registered Age	ni signatura		***			ATE	
12.	OFFICERS ANI	D DIRECTORS DELETE	13.					OFFICERS	AND DIRECTOR Change	S IN 12
NAME	BASHEIN, JAY	- Detection	1.2 NAME			EIN.	•		•	L. Addition 1
STREET ADDRESS	10045 S. DIXIE HIGHWAY		4 4 STREET INDOCES				. 87th	Aver	nue	
CITY - S1 - ZIP	MIAMI FL		1.4 CITY-ST-ZIP		11 + 0 111	.,		· · · · · · · · · · · · · · · · · · ·	Change	T Addison (
TITLE	SD Bashein, Sidney	L] DELETE	2.1 TITLE 2.2 NAME		45				L1 Unange	L. Addition C
STREET ADDRESS	12935 SW 87 AVE		2.3 STREET	ADDRESS						
CITY - ST - 71F	MIAMI FL		2.4 CITY-5	Y - ZIP				· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ OELETE	3.1 TITLE						Change	Addition
NAME STREET ACCORESS			3.2 NAME 3.3 STREET	Montee						
CHTY-ST-ZIF			3.4. CITY-S							1
Title	DELETE		4.1 TITLE						Change	Addition
NAME			4. 2 NAME							}
STHEEL ADDRESS			4.3 STREET]
City-St ZiP Title		DELETE	4.4 CITY-S 5.1 TITLE	1 - ZW					Change	Addition
NAME			5.2 NAME						<u> </u>	
STREET ADDRESS			53 STREET	address						Í
CITY ST-7IP	· · · · · · · · · · · · · · · · · · ·	T Sty EVE	5.4 CITY-S	T-ZIP			<u></u>			1.00
TITLE		☐ DELETE	6.1 TATLE		ı				☐ Change	Addition
NAME STREET ADORESS			6.2 NAME 6.3 STREET	ADDRESS	l					1
CITY -ST - 7:P			64 CITY-S		ı					ļ
	v certify that the information supplies	duith this filing doos not qualify			lated in Se	ction 119 O	7/3Vi) Florida 9	Statutoe I fo	urther certify that	the

receive certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3,ft), 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.jf changed, or on an attachment with an address.

FILED

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