

FILED  
Apr 09 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	
<b>DOCUMENT # 673478</b>		<b>(4)</b>	
<b>1. Corporation Name</b> <b>WILLY KARL LEASING COMPANY</b>			
<b>Principal Place of Business</b> <b>235 SW 11TH PL</b> <b>P.O. BOX 1309</b> <b>GAINESVILLE FL 32602</b>		<b>Mailing Address</b> <b>235 SW 11TH PL</b> <b>P.O. BOX 1309</b> <b>GAINESVILLE FL 32602-1309</b>	
<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21.</b> State Apt. # etc.		<b>2b.</b> Suite, Apt. #, etc.	
<b>22.</b> City & State		<b>27.</b> City & State	
<b>23.</b> Zip Country		<b>28.</b> Zip Country	
<b>24.</b> Country		<b>29.</b> Country	
<b>9. Name and Address of Current Registered Agent</b>			
<b>LOSEN, KARL THE</b> <b>235 S. W. 11TH PLACE</b> <b>GAINESVILLE FL 32601</b>			<b>81.</b> Name
			<b>82.</b> Street Address
			<b>83.</b>
			<b>84.</b> City
<b>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</b>			
<b>SIGNATURE</b> _____ <small>Express type-out printed name of registered agent and title if applicable</small> <span style="float: right;"><small>(NOTE: Registered Agent signature required)</small></span>			
<b>12. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> DELETE	<b>13.</b>
<b>NAME</b>	<b>THE LOSEN, KARL W</b>		<b>1.1 TITLE</b>
<b>STREET ADDRESS</b>	<b>7520 N.W. 18TH AVENUE</b>		<b>1.2 NAME</b>
<b>CITY - ST - ZIP</b>	<b>GAINESVILLE FL</b>		<b>1.3 STREET ADDRESS</b>
<b>TITLE</b>	<b>VD</b>	<input type="checkbox"/> DELETE	<b>1.4 CITY - ST - ZIP</b>
<b>NAME</b>	<b>THE LOSEN, KAY S.</b>		<b>2.1 TITLE</b>
<b>STREET ADDRESS</b>	<b>7520 N.W. 18TH AVENUE</b>		<b>2.2 NAME</b>
<b>CITY - ST - ZIP</b>	<b>GAINESVILLE FL</b>		<b>2.3 STREET ADDRESS</b>
<b>TITLE</b>	<b>V</b>	<input type="checkbox"/> DELETE	<b>2.4 CITY - ST - ZIP</b>
<b>NAME</b>	<b>THE LOSEN, WILLY</b>		<b>3.1 TITLE</b>
<b>STREET ADDRESS</b>	<b>7520 NW 18 AVE</b>		<b>3.2 NAME</b>
<b>CITY - ST - ZIP</b>	<b>GAINESVILLE FL</b>		<b>3.3 STREET ADDRESS</b>
<b>TITLE</b>		<input type="checkbox"/> DELETE	<b>3.4 CITY - ST - ZIP</b>
<b>NAME</b>			<b>4.1 TITLE</b>
<b>STREET ADDRESS</b>			<b>4.2 NAME</b>
<b>CITY - ST - ZIP</b>			<b>4.3 STREET ADDRESS</b>
<b>TITLE</b>		<input type="checkbox"/> DELETE	<b>4.4 CITY - ST - ZIP</b>
<b>NAME</b>			<b>5.1 TITLE</b>
<b>STREET ADDRESS</b>			<b>5.2 NAME</b>
<b>CITY - ST - ZIP</b>			<b>5.3 STREET ADDRESS</b>
<b>TITLE</b>		<input type="checkbox"/> DELETE	<b>5.4 CITY - ST - ZIP</b>
<b>NAME</b>			<b>6.1 TITLE</b>
<b>STREET ADDRESS</b>			<b>6.2 NAME</b>
<b>CITY - ST - ZIP</b>			<b>6.3 STREET ADDRESS</b>
<b>TITLE</b>		<input type="checkbox"/> DELETE	<b>6.4 CITY - ST - ZIP</b>
<b>NAME</b>			
<b>STREET ADDRESS</b>			
<b>CITY - ST - ZIP</b>			
<b>14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in the information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as appears in Block 12 or Block 13, if changed, or on an attachment with an address.</b>			
<b>SIGNATURE:</b> _____ <b>REQUIRED</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			