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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 844943 (1)

1. Corporation Name:

SHA-LI LEASING ASSOCIATES, INC.



Principal Place of Business

Mailing Address

**85 CHESTNUT RIDGE RD
MONTVALE NJ 07645
US**

**85 CHESTNUT RIDGE RA
MONTVALE NJ 07645**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP

V SLOW, ELLYN 17 DEER RUN TRAIL WESTON CT

TITLE NAME STREET ADDRESS CITY- ST- ZIP

V MORGAN, CATHERINE 125 PROSPECT AVE, #10H HACKENSACK NJ

TITLE NAME STREET ADDRESS CITY- ST- ZIP

PD PRUSSIN, GEORGE 21 HASTINGS DR TENAFLY NJ

TITLE NAME STREET ADDRESS CITY- ST- ZIP

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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 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/94 (201) 307-3054

CR2E034 (12/95)