

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **854864** (6)

1. Corporation Name  
**BOID LEASING CORP.**



Principal Place of Business  
**% CONCURRENCY MANAGEMENT CORP.  
411 WEST PUTNAM AVE.  
GREENWICH CT 06830**

Mailing Address  
**% CONCURRENCY MANAGEMENT CORP.  
411 WEST PUTNAM AVE.  
GREENWICH CT 06830**

3. Date Incorporated or Qualified **12/06/1982** 3a. Date of Last Report **10/09/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
<b>21</b>	<b>26</b>	<b>13-3134463</b>	<input type="checkbox"/>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>22</b>	<b>27</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country		
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

**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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>HOLTZ, ROBERT</b>	
STREET ADDRESS	<b>411 WEST PUTNAM AVE.</b>	
CITY - ST - ZIP	<b>GREENWICH CT 06830</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>PLAUMANN, MARK</b>	
STREET ADDRESS	<b>411 WEST PUTNAM AVE.</b>	
CITY - ST - ZIP	<b>GREENWICH CT 06830</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>GOVEIA, FRANK</b>	
STREET ADDRESS	<b>411 WEST PUTNAM AVE.</b>	
CITY - ST - ZIP	<b>GREENWICH CT 06830</b>	
TITLE	DVST	<input type="checkbox"/> DELETE
NAME	<b>MAYMUDES, JAY</b>	
STREET ADDRESS	<b>411 WEST PUTNAM AVE.</b>	
CITY - ST - ZIP	<b>GREENWICH CT 06830</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>AMRON, ARTHUR</b>	
STREET ADDRESS	<b>411 WEST PUTNAM AVE.</b>	
CITY - ST - ZIP	<b>GREENWICH CT 06830</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Assistant Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Arthur Amron</b>	
1.3 STREET ADDRESS	<b>411 Greenwich W. Putnam Ave.</b>	
1.4 CITY - ST - ZIP	<b>Greenwich CT 06830</b>	
2.1 TITLE	<b>Assistant Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Grayson</b>	
2.3 STREET ADDRESS	<b>411 W. Putnam Ave.</b>	
2.4 CITY - ST - ZIP	<b>Greenwich CT 06830</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

**Jay Maymudes**

**3/1/96**

**(203) 862-7000**

Date

Daytime Phone #

CR2E034 (12/95)