

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

FILED

Jan 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 06830-6233

3. Date Incorporated or Qualified  
12/06/1982

3a. Date of Last Report  
03/20/1996

4. FEI Number  
13-3134463

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

1/17/97

(203) 862-7000

CR2E034 (9/96)