

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

**FILED**

**Jan 24 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
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**DOCUMENT # F93000003589 (9)**

1. Corporation Name  
**HOTWAGNER LEASING COMPANY**



Principal Place of Business <b>1766 CAPE CORAL PARKWAY, SUITE 402 CAPE CORAL FL 33904 US</b>	Mailing Address <b>1766 CAPE CORAL PARKWAY, SUITE 402 CAPE CORAL FL 33904-9631 US</b>
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3. Date Incorporated or Qualified <b>08/03/1993</b>	3a. Date of Last Report <b>04/19/1996</b>
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2. Principal Place of Business 21 <b>15220 PORTS OF IONA DR</b> Suite, Apt. #, etc. 22 <b>201</b> City & State 23 <b>FORT MYERS FL</b> Zip 24 <b>33908</b>	2a. Mailing Address 25 <b>15220 PORTS OF IONA DR</b> Suite, Apt. #, etc. 26 <b>201</b> City & State 27 <b>FORT MYERS, FL</b> Zip 28 <b>33908</b> Country 29 <b>LEE</b> 30 <b>LEE</b>
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4. FEI Number <b>65-0424531</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**HOTWAGNER, ALBERT C  
1766 CAPE CORAL PKWY., SUITE 402  
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81 Name <b>ALBERT C. HOTWAGNER</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>15220 PORTS OF IONA DR.</b>
83 <b># 201</b>
84 City <b>FORT MYERS</b>
FL 85 Zip Code <b>33908</b>

11. Pursuant to the provisions of Sections 607.502 and 607.560, 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 607.0605, Florida Statutes.

SIGNATURE: *Albert C. Hotwagner* DATE: **1-15-97**

12. OFFICERS AND DIRECTORS

TITLE	<b>PSTD</b>	<input type="checkbox"/> DELETE
NAME	<b>HOTWAGNER, ALBERT C</b>	
STREET ADDRESS	<b>1766 CAPE CORAL PKWY, SUITE 402</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<b>ADDRESS CHANGE ONLY 15220 PORTS OF IONA DR #201</b>
1.4 CITY-ST-ZIP	<b>FORT MYERS FL 33908</b>
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: *Albert C. Hotwagner* DATE: **1-15-97** DAYTIME PHONE: **(941) 433-7775**

ALBERT C. HOTWAGNER

CR2E034 (9/96)