

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

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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000005317 (3)

1. Corporation Name

AUTO LEASE FINANCE, INC.



Principal Place of Business

6150 OMNI PARK DR
MOBILE AL 36609
US

Mailing Address

100 NW 12TH AVENUE
LEGAL DEPT
DEERFIELD BEACH FL 33443
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

11/22/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0439943

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

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 of person authorized to change the office or agent

Signature of Registered Agent or authorized officer or director

Date

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

PHILLIPS, MICHAEL

STREET ADDRESS

6150 OMNI PARK DRIVE

CITY-STATE-ZIP

MOBILE AL 36609

TITLE

V

NAME

SELKE, DAVID

STREET ADDRESS

6150 OMNI PARK DRIVE

CITY-STATE-ZIP

MOBILE AL

TITLE

C

NAME

RICH, LAWRENCE S

STREET ADDRESS

100 NW 12TH AVE

CITY-STATE-ZIP

DEERFIELD BEACH FL

TITLE

EVGC

NAME

BROWN, COLIN

STREET ADDRESS

100 NW 12TH AVE

CITY-STATE-ZIP

DEERFIELD BEACH FL

TITLE

DV

NAME

NIXON, MICHAEL

STREET ADDRESS

100 NW 12TH AVE

CITY-STATE-ZIP

DEERFIELD BEACH FL

TITLE

S

NAME

WHELAN, JOHN J.

STREET ADDRESS

100 NW 12TH AVE

CITY-STATE-ZIP

DEERFIELD BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

3-21-96

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

3/19/96 954-420-4585

SECRETARY

CR2E034 (12/95)

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Rev. 2/27/96

AUTO LEASE FINANCE, INC.

LIST OF ADDITIONAL OFFICERS AND DIRECTORS

TITLE
NAME
ADDRESS
CITY, STATE ZIP CODE

C/D
RICH, LAWRENCE S.
100 N.W. 12TH AVE.
DEERFIELD BEACH FL 33442

TITLE
NAME
ADDRESS
CITY, STATE ZIP CODE

D/V
SMITH, DARYL
100 N.W. 12TH AVE.
DEERFIELD BEACH FL 33442

TITLE
NAME
ADDRESS
CITY, STATE ZIP CODE

EV/GC
BROWN, COLIN
100 N.W. 12TH AVE.
DEERFIELD BEACH FL 33442

TITLE
NAME
ADDRESS
CITY, STATE ZIP CODE

S
WHELAN, JOHN J.
100 N.W. 12TH AVE.
DEERFIELD BEACH FL 33442

TITLE
NAME
ADDRESS
CITY, STATE ZIP CODE

V/AS
WILLOUGHBY, JR., JAMES
100 N.W. 12TH AVE.
DEERFIELD BEACH FL 33442

TITLE
NAME
ADDRESS
CITY, STATE ZIP CODE

D/T
ALLEN, A. TUCKER
100 N.W. 12TH AVE.
DEERFIELD BEACH FL 33442

TITLE
NAME
ADDRESS
CITY, STATE ZIP CODE

V
BROWDY, ALAN J.
100 N.W. 12TH AVE.
DEERFIELD BEACH, FL 33442

TITLE
NAME
ADDRESS
CITY, STATE ZIP CODE

AT
OSSENBECK, PATRICK C.
100 N.W. 12TH AVE.
DEERFIELD BEACH, FL 33442

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Auto Lease Finance, Inc.

Additional Officers and Directors

TITLE
NAME
ADDRESS
CITY, STATE ZIP CODE

AS
HAYMAN, JEFFREY
100 N.W. 12TH AVE.
DEERFIELD BEACH, FL 33442

TITLE
NAME
ADDRESS
CITY, STATE ZIP CODE

AS
TOIFEL, BRICK
6150 OMNI PARK BLVD.
MOBILE, AL 36609

TITLE
NAME
ADDRESS
CITY, STATE ZIP CODE

D
WHEELER, CHRISTOPHER C.
2255 GLADES ROAD, SUITE 340 WEST
BOCA RATON, FL 33431-7360

TITLE
NAME
ADDRESS
CITY, STATE, ZIP CODE

AS
TOIFEL, BRICK
6150 OMNI PARK ROAD
MOBILE, AL 36609

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KEY TO SYMBOLS USED

C	=	CHAIRMAN OF THE BOARD
P	=	PRESIDENT
CFO	=	CHIEF FINANCIAL OFFICER
CAO	=	CHIEF ACCOUNTING OFFICER
COO	=	CHIEF OPERATING OFFICER
EV	=	EXECUTIVE VICE PRESIDENT
SV	=	SENIOR VICE PRESIDENT
V	=	VICE PRESIDENT
AV	=	ASSISTANT VICE PRESIDENT
GC	=	GENERAL COUNSEL
S	=	SECRETARY
AS	=	ASSISTANT SECRETARY
T	=	TREASURER
AT	=	ASSISTANT TREASURER
GM	=	GENERAL MANAGER
AGM	=	ASSISTANT GENERAL MANAGER
D	=	DIRECTOR