

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000004623 (4)**

1. Corporation Name  
**CROWN LEASING, INC.**



Principal Place of Business

Mailing Address

C/O CROWN LEASING, INC.  
100 EAST 14TH STREET  
ELMIRA HEIGHTS NY 14903

C/O CROWN LEASING, INC.  
100 EAST 14TH STREET  
ELMIRA HEIGHTS NY 14903

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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 607.0502, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of President or Secretary

Signature

12. OFFICERS AND DIRECTORS

12.1	PCD ROJAS, RENATO H 200 WOODGATE ROAD HORSEHEADS NY	<input type="checkbox"/> DELETE
12.2	SD HUTSAL, EDWIN P 961 UPLAND DRIVE ELMIRA NY	<input type="checkbox"/> DELETE
12.3	TD GUDAS, FRANK R RD #1 DELIVERY 486 A ELMIRA NY	<input type="checkbox"/> DELETE
12.4		<input type="checkbox"/> DELETE
12.5		<input type="checkbox"/> DELETE
12.6		<input type="checkbox"/> DELETE
12.7		<input type="checkbox"/> DELETE
12.8		<input type="checkbox"/> DELETE
12.9		<input type="checkbox"/> DELETE
12.10		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
13.2	1.2 NAME		
13.3	1.3 STREET ADDRESS		
13.4	1.4 CITY, ST, ZIP		
13.5	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
13.6	2.2 NAME		
13.7	2.3 STREET ADDRESS		
13.8	2.4 CITY, ST, ZIP		
13.9	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
13.10	3.2 NAME		
13.11	3.3 STREET ADDRESS		
13.12	3.4 CITY, ST, ZIP		
13.13	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
13.14	4.2 NAME		
13.15	4.3 STREET ADDRESS		
13.16	4.4 CITY, ST, ZIP		
13.17	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
13.18	5.2 NAME		
13.19	5.3 STREET ADDRESS		
13.20	5.4 CITY, ST, ZIP		
13.21	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
13.22	6.2 NAME		
13.23	6.3 STREET ADDRESS		
13.24	6.4 CITY, ST, ZIP		

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Renato H. Rojas*

3/8/96

607-734-6237

CR2E034 (12/95)