

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

**FILED**  
**Mar 23 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000004623 (4)**  
 1. Corporation Name  
**CROWN LEASING, INC.**



Principal Place of Business <b>C/O CROWN LEASING, INC.          100 EAST 14TH STREET          ELMIRA HEIGHTS NY 14903</b>	Mailing Address <b>C/O CROWN LEASING, INC.          100 EAST 14TH STREET          ELMIRA HEIGHTS NY 14903</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/07/1994</b>	
21		26		4. FEI Number <b>16-1249622</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip		29. Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM          1200 SOUTH PINE ISLAND ROAD          PLANTATION FL 33324</b>				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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PCD</b>	1.1 TITLE	<b>VPD</b>
NAME	<b>ROJAS, RENATO H</b>	1.2 NAME	<b>SULLIVAN TIMOTHY</b>
STREET ADDRESS	<b>200 WOODGATE ROAD</b>	1.3 STREET ADDRESS	<b>2 CHELSEA DRIVE</b>
CITY-ST-ZIP	<b>HORSEHEADS NY</b>	1.4 CITY-ST-ZIP	<b>HORSEHEADS, NY 14845</b>
	<input checked="" type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<b>SD</b>	2.1 TITLE	<b>PD</b>
NAME	<b>HUTSAL, EDWIN P</b>	2.2 NAME	<b>HUTSAL, EDWIN</b>
STREET ADDRESS	<b>981 UPLAND DRIVE</b>	2.3 STREET ADDRESS	<b>961 UPLAND DRIVE</b>
CITY-ST-ZIP	<b>ELMIRA NY</b>	2.4 CITY-ST-ZIP	<b>ELMIRA, NY 14905</b>
	<input type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>TD</b>	3.1 TITLE	<b>SD</b>
NAME	<b>GUDAS, FRANK R</b>	3.2 NAME	<b>WILLIAMS, EDWARD D</b>
STREET ADDRESS	<b>RD #1 DELIVERY 488 A</b>	3.3 STREET ADDRESS	<b>322 DRIVE G</b>
CITY-ST-ZIP	<b>ELMIRA NY</b>	3.4 CITY-ST-ZIP	<b>ELMIRA, NY 14905</b>
	<input checked="" type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		4.1 TITLE	<b>TD</b>
NAME		4.2 NAME	<b>KRUEGER, JOSEPH B</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>1719 PINNACLE ROAD</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>ELMIRA NY 14905</b>
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: \_\_\_\_\_ **3/13/98 607 7346237**

CR2E034 (10/97)