

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -7 PM 3:10

DOCUMENT # F94000005844 (5)

1. Corporation Name

R & S EQUIPMENT LEASING AND SALES, INC.

Principal Place of Business

Mailing Address

4746 MODEL CITY ROAD
P.O. BOX 209
MODEL CITY NY 14107

4746 MODEL CITY ROAD
P.O. BOX 209
MODEL CITY NY 14107

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

11/14/1994

4. FEI Number

Applied For

16-1332748

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.

2c Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KUSHNER, STEVEN P
GOLDBERG, GOLDSTEIN & BUCKLEY, P.A.
1515 BROADWAY
FORT MYERS FL 33901**

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 title if applicable

NOTE: Registered Agent signature required when reinstating

DATE:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: P
NAME: WASHUTA, RICHARD
STREET ADDRESS: 4746 MODEL CITY ROAD, P.O. BOX 209
CITY - ST - ZIP: MODEL CITY NY 14107

1.1 TITLE: Change Addition
1.2 NAME: WASHUTA, RICHARD
1.3 STREET ADDRESS:
1.4 CITY - ST - ZIP:

TITLE:
NAME: WASHUTA, STEVE
STREET ADDRESS: 4746 MODEL CITY ROAD, P.O. BOX 209
CITY - ST - ZIP: MODEL CITY NY 14107

2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY - ST - ZIP:

TITLE: S
NAME: WASHUTA, LORIE
STREET ADDRESS: 4746 MODEL CITY ROAD, P.O. BOX 209
CITY - ST - ZIP: MODEL CITY NY 14107

3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY - ST - ZIP:

TITLE: T
NAME: WASHUTA, SONIA
STREET ADDRESS: 4746 MODEL CITY ROAD, P.O. BOX 209
CITY - ST - ZIP: MODEL CITY NY 14107

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY - ST - ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY - ST - ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

6.1 TITLE: Change 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 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; that I am duly empowered 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 attachment with an address.

SIGNATURE:

Lorie I. Washuta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LORIE I. WASHUTA, SECRETARY

JANUARY 24, 1995 (716) 754-8226