

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000002051 (9)

1. Corporation Name

EUROPA LEASING CORPORATION

Principal Place of Business

Mailing Address

150 153RD AVE., #200
MADEIRA BEACH FL 33708

150 153RD AVE., #200
MADEIRA BEACH FL 33708



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

3. Date Incorporated or Qualified

04/27/1995

3a. Date of Last Report

4. FEI Number

59-3276356

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUGHES, J R ESO
220 MCKENZIE AVE.
PANAMA CITY FL 32401

81 Name: Bullock, Lester
82 Street Address (P.O. Box Number is Not Acceptable): 150-153rd Ave.
83 Suite 200
84 Madeira Beach FL 33708

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

Lester E. Bullock, President *4/22/96*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SC
NAME VITALE, DEBORAH
STREET ADDRESS 1012 PRINCESS ST.
CITY-ST-ZIP ALEXANDRIA VA 22314

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD
NAME BULLOCK, LESTER
STREET ADDRESS 150 153RD ST., 200
CITY-ST-ZIP MADEIRA BEACH FL 33708

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

TITLE D
NAME WALTER, ERNEST
STREET ADDRESS 150 153RD ST., 204
CITY-ST-ZIP MADEIRA BEACH FL 33708

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

TITLE D
NAME TURNER, STEPHEN
STREET ADDRESS 8245 BOONE BLVD., #704
CITY-ST-ZIP VIENNA VA 22182

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

TITLE T
NAME KLEIM, CHARLES
STREET ADDRESS 150 153RD AVE., #200
CITY-ST-ZIP MADEIRA BEACH FL 33708

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 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

Lester E. Bullock, President *4/22/96* *813-393-2885*

CR2E034 (12/95)

4/22/96