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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000004997 (1)

1. Corporation Name

B&A LEASING CORPORATION

Principal Place of Business

C/O NSJ CORPORATION  
5955 T.G. LEE BLVD., STE 280  
ORLANDO FL 32822

Mailing Address

C/O NSJ CORPORATION  
5955 T.G. LEE BLVD., STE 280  
ORLANDO FL 32822



3. Date Incorporated or Qualified  
10/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 9025 BOBBY CREEK RD. 26 9025 BOBBY CREEK RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 UNIT 9

27 UNIT 9

City & State

City & State

23 ORLANDO FL

28 ORLANDO FL

Zip

Zip

24 32824

29 32824

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 PCDT ☐ DELETE

NAME GILES, RICHARD C  
STREET ADDRESS 5955 T.G. LEE BLVD., STE 280  
CITY-ST-ZIP ORLANDO FL

TITLE VD ☐ DELETE

NAME THORNTON, W J  
STREET ADDRESS 5955 T.G. LEE BLVD., STE 280  
CITY-ST-ZIP ORLANDO FL

TITLE S ☐ DELETE

NAME BIRDSALL, MICHAEL  
STREET ADDRESS 5955 T.G. LEE BLVD., STE 280  
CITY-ST-ZIP ORLANDO FL

TITLE V ☐ DELETE

NAME THORNTON, SAMUEL J  
STREET ADDRESS 5955 T.G. LEE BLVD., STE 280  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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:

Michael Birdsall Michael Birdsall 4/16/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)