

**DOCUMENT # F96000000190**

1. Entity Name

**LEASE WORLD CORPORATION**

1. Entity Name  
**LEASE WORLD CORPORATION**

Principal Place of Business	Mailing Address
1181 S. ROGERS CIRCLE #19 BOCA RATON FL 33487-2710	1181 S. ROGERS CIRCLE #19 BOCA RATON FL 33487-2710

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	
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LICKER, MANNY 1181 S. ROGERS CIRCLE #19 BOCA RATON FL 33487-2710	Name
	Street Address
	City

4. FEI Number	11-2585748	Applied For
		Not Applicable

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
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7. Name and Address of New Registered Agent

P.O. Box Number is Not Acceptable)	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<p><b>9.</b> This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2001 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p><b>10.</b> Election Campaign Financing-Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>CR</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

NAME	LICKER, MANNY	NAME	
STREET ADDRESS	1181 S. ROGERS CIRCLE #19	STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33487-2710	CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY - ST - ZIP		CITY - ST - ZIP		

TITLE		TITLE	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	

CITY-ST-ZIP	CITY-ST-ZIP
<div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> </div> <div> <input type="checkbox"/> Delete         </div>	<div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> </div> <div> <input type="checkbox"/> Change   <input type="checkbox"/> Addition         </div>

STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	

STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE NAME	TITLE NAME
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

NAME	STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Manny Licker, President 1/12/01 56-994-3307  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**  
01-24-2001 90043 044 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)