

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 # F96886 (9)

1. Corporation Name

ALL POINTS LEASING CORPORATION



Principal Place of Business

Mailing Address

% RICHARD S. PRAGLUSKI  
1000 SOUTH FEDERAL HIGHWAY  
STUART FL 34994

% RICHARD S. PRAGLUSKI  
1000 SOUTH FEDERAL HIGHWAY  
STUART FL 34994

3. Date Incorporated or Qualified  
08/31/1982

3a. Date of Last Report  
10/17/1995

2. Principal Place of Business

2a. Mailing Address

21 1000 S. FEDERAL HWY.

26 1000 S. FEDERAL HWY.

4. FEI Number

59-2224678

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 205

27

City & State

City & State

23 STUART FL

28 STUART FL

Zip Country

Zip Country

24 34994

25

29 34994

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRAGLUSKI, RICHARD S.  
3584 D SW QUAIL MEADOW TRAIL  
PALM CITY FL 34990

81 Name PRAGLUSKI, RICHARD S.

82 Street Address (P.O. Box Number is Not Acceptable)

1000 S. FED. HWY.

83

84 City STUART

FL

85 Zip Code 34994

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 607.0503, Florida Statutes.

SIGNATURE

*Richard S. Praguski*  
Signature, typed or printed name of registered agent and title if applicable

4/15/96  
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE

NAME PRAGLUSKI, MARIA E  
STREET ADDRESS 3584 D SW QUAIL MEADOW  
CITY-ST-ZIP PALM CITY FL

1.1 TITLE PTD ☒ Change ☐ Addition

1.2 NAME PRAGLUSKI, MARIA E  
1.3 STREET ADDRESS 1000 S. FEDERAL HWY  
1.4 CITY-ST-ZIP STUART, FL 34994

TITLE VSD ☐ DELETE

NAME PRAGLUSKI, RICHARD S  
STREET ADDRESS 3584 D SW QUAIL MEADOW  
CITY-ST-ZIP PALM CITY FL

2.1 TITLE VSD ☒ Change ☐ Addition

2.2 NAME PRAGLUSKI, RICHARD S  
2.3 STREET ADDRESS 1000 S. FEDERAL HWY.  
2.4 CITY-ST-ZIP STUART, FL 34994

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

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 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:

*Richard S. Praguski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/96

Daytime Phone #

CR2E034 (12/95)