


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90108 050 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F97000004055			
1. Corporation Name AMERICAN BUSINESS LEASING, INC.			
Principal Place of Business 111 PRESIDENTIAL BLVD STE 215 BALA CYWD PA 19004		Mailing Address 111 PRESIDENTIAL BLVD STE 215 BALA CYWD PA 19004	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent BLANTON, EDWIN F ESO 825 THOMASVILLE RD TALLAHASSEE FL 32303		10. Name and Address of New Registered Agent 81 Name CORPORATION SERVICE COMPANY 82 Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET 83 SUITE 105 84 City TALLAHASSEE FL 85 Zip Code 32301	
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 <i>Margaret Cullen</i> ASST. VICE-PRESIDENT 4/20/99 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C <input type="checkbox"/> DELETE NAME SANTILLI, ANTHONY J JR STREET ADDRESS 111 PRESIDENTIAL BLVD STE 215 CITY-ST-ZIP BALA CYWD PA 19004		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME RUBEN, JEFFREY STREET ADDRESS 111 PRESIDENTIAL BLVD STE 215 CITY-ST-ZIP BALA CYWD PA 19004		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE SD <input type="checkbox"/> DELETE NAME SANTILLI, BEVERLY STREET ADDRESS 111 PRESIDENTIAL BLVD STE 215 CITY-ST-ZIP BALA CYWD PA 19004		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE P <input type="checkbox"/> DELETE NAME FRANKEL, ALAN STREET ADDRESS 111 PRESIDENTIAL BLVD STE 215 CITY-ST-ZIP BALA CYWD PA 19004		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE V <input type="checkbox"/> DELETE NAME LEVIN, DAVID M STREET ADDRESS 111 PRESIDENTIAL BLVD STE 215 CITY-ST-ZIP BALA CYWD PA 19004		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. 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 annual report of 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

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