

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # G17917 (7)
1. Corporation Name
IAL LEASING, INC.

Principal Place of Business
P. O. BOX 522230
MIAMI FL 33152

Mailing Address
P. O. BOX 522230
MIAMI FL 33152



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	01/04/1983	59-2290362	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HENDRICKSON, MICHAEL R 950 S.E. 12TH STREET HIALEAH FL 33010	81 Name POLK, RHONDA S. 82 Street Address (P.O. Box Number is Not Acceptable) 950 S.E. 12th STREET 83 84 City HIALEAH FL 85 Zip Code 33010

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 *Rhonda S. Polk, Asst. Secretary* DATE 5/6/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	Change Addition
NAME	BACHELOR, GEORGE E	1.2 NAME	
STREET ADDRESS	950 SE 12TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	Change Addition
NAME	FERRARESI, DANIEL J	2.2 NAME	
STREET ADDRESS	950 S.E. 12TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	Change Addition
NAME	HIGGINS, JOHN J	3.2 NAME	
STREET ADDRESS	950 SE 12TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	Change Addition
NAME	BACHELOR, MARIANNE T	4.2 NAME	
STREET ADDRESS	950 SE 12TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	Change Addition
NAME	MESECHER, BOYD D	5.2 NAME	
STREET ADDRESS	950 S.E. 12TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	Change Addition
NAME	WALKER, RAYMOND S	6.2 NAME	
STREET ADDRESS	950 SE 12TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010	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 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: *Rhonda S. Polk, Asst. Secretary* 4/16/98 (305) 889-6222

CR2E034 (10/97)

OFFICERS & DIRECTORS

COMPANY: IAL LEASING, INC.

<u>Title</u>	<u>Name</u>	<u>Address</u>
AS	Polk, Rhonda S.	950 S.E.12th Street Hialeah, FL