

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 # **G72939** (3)

1. Corporation Name

DELAND LEASING, INC.

Principal Place of Business

**1765 LANGLEY AVE.
P.O. BOX 596
DELAND FL 32724**

Mailing Address

**1765 LANGLEY AVE.
P.O. BOX 596
DELAND FL 32724**



3. Date Incorporated or Qualified

12/02/1983

3a. Date of Last Report

05/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOPES, SHARON BENLINE
2730 BLUE HERON VLG.
DELAND FL 32720**

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	PSD	<input type="checkbox"/> DELETE
NAME	LOPES, SHARON BENLINE	
STREET ADDRESS	2730 BLUE HERON VLG.	
CITY- ST- ZIP	DELAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRINKOETTER, TAMARA B.	
STREET ADDRESS	2748 BLUE HERON VLG.	
CITY- ST- ZIP	DELAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GUEDRY, MARI BETH	
STREET ADDRESS	811 W. CHURCH ST.	
CITY- ST- ZIP	DELAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PUPA, ROBERTA C.	
STREET ADDRESS	60 GARAVOGUE ST.	
CITY- ST- ZIP	ORLAND PARK IL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GREEN, LORI KAYE	
STREET ADDRESS	8420 DAWN HILL DR.S.E.	
CITY- ST- ZIP	OLYMPIA WA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/96

904-734-3226

CR2E034 (12/95)