

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 # **H92948** (9)

1. Corporation Name

**P R S INVESTMENT LEASING COMPANY**



Principal Place of Business

**4206 N.W. 76 AVENUE  
CORAL SPRINGS FL 33065**

Mailing Address

**4721 NW 6TH ST.  
DEERFIELD BEACH FL 33442**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

**01/06/1986**

3a. Date of Last Report

**11/13/1995**

4. FEI Number

**59-2615618**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**SPOERR, RICHARD  
4721 NW 6TH CT.  
DEERFIELD BEACH FL 33442**

10. Name and Address of New Registered Agent

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 607.0508, 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

Supplemental provisions are hereby filed, reported and the following

(NOTE: Registered Agent signature required when reporting)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME: **PTD  
SPOERR, RICHARD  
4206 NW 76 AVENUE  
CORAL SPRINGS FL**

2. TITLE ☐ DELETE

NAME: **VSD  
SPOERR, PATRICIA  
4206 NW 76 AVENUE  
CORAL SPRINGS FL**

3. TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY, ST, ZIP:

4. TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY, ST, ZIP:

5. TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY, ST, ZIP:

6. TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME:

3. STREET ADDRESS:

4. CITY, ST, ZIP:

5. TITLE ☐ Change ☐ Addition

6. NAME:

7. STREET ADDRESS:

8. CITY, ST, ZIP:

9. TITLE ☐ Change ☐ Addition

10. NAME:

11. STREET ADDRESS:

12. CITY, ST, ZIP:

13. TITLE ☐ Change ☐ Addition

14. NAME:

15. STREET ADDRESS:

16. CITY, ST, ZIP:

17. TITLE ☐ Change ☐ Addition

18. NAME:

19. STREET ADDRESS:

20. CITY, ST, ZIP:

21. TITLE ☐ Change ☐ Addition

22. NAME:

23. STREET ADDRESS:

24. 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 his 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 E. Sporen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96 305-565-6522  
Date Date/Time Phone #

CR2E034 (12/95)