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 # **J00196** **(2)**

1. Corporation Name

AUTOHAUS LEASING, INC.

Principal Place of Business	Mailing Address
501 AIRPORT RD. S. NAPLES FL 33942	501 AIRPORT RD. S. NAPLES FL 33942

3. Date Incorporated or Qualified: **02/19/1986**

3a. Date of Last Report: **04/11/1995**

2. Principal Place of Business (21):

Suite, Apt. #, etc (22):

City & State (23):

Zip (24):

County (25):

2a. Mailing Address (26):

Suite, Apt. #, etc (27):

City & State (28):

Zip (29):

County (30):

4. FEI Number: **59-2634523** ☐ 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

LIEBIG WOLFGANG
501 AIRPORT RD S
NAPLES FL 33942

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 607.1508, 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 _____ DATE

Signature of new registered agent, if changing (NOTE: Registered Agent's signature is required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LIEBIG, GERHARD		1.2 NAME		
STREET ADDRESS	254 GULF SHORE B. S.		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY ST ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LIEBIG, GERHARD		2.2 NAME		
STREET ADDRESS	254 GULF SHORE B. S.		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CITY ST ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LIEBIG, WOLFGANG		3.2 NAME		
STREET ADDRESS	1301 SPYGLASS LN.		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		3.4 CITY ST ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LIEBIG, THOMAS		4.2 NAME		
STREET ADDRESS	256 GULF SHORE BL S.		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY ST ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KROUT, HAROLD E. JR.		5.2 NAME		
STREET ADDRESS	521-31ST ST. SW.		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		5.4 CITY ST ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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)(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: HAROLD E. KROUT, JR., SECRETARY 4/23/96 941-643-5006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)