

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

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J00196 (2)  
1. Corporation Name  
AUTOHAUS LEASING, INC.

Principal Place of Business Mailing Address  
501 AIRPORT RD. S. 501 AIRPORT RD. S.  
NAPLES FL 34102 NAPLES FL 34102



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/19/1986	
21		26		4. FET Number 59-2634523	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	34104	25		29	34104
Country		Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LIEBIG WOLFGANG 501 AIRPORT RD S NAPLES FL 34102				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code 34104	

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 to be if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	LIEBIG, GERHARD	1.2 NAME	LIEBIG, LISELOTTE
STREET ADDRESS	254 GULF SHORE B. S.	1.3 STREET ADDRESS	254 GULF SHORE BL. S.
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	NAPLES, FL 34102
TITLE	D	2.1 TITLE	
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	3.1 TITLE	
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	4.1 TITLE	
NAME	LIEBIG, THOMAS	4.2 NAME	
STREET ADDRESS	258 GULF SHORE BL. S.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
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		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  HAROLD E. KROUT, JR. SECRETARY OF STATE, 1100 S. GULF BEACH BLVD., SUITE 100, NAPLES, FL 34102

CR2E034 (10/97)