

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # J15649 (3)**

1. Corporation Name  
**A H LEASING, INC.**



Principal Place of Business  
**5340 OLD KINGS ROAD  
JACKSONVILLE FL 32254  
US**

Mailing Address  
**5340 OLD KINGS ROAD  
JACKSONVILLE FL 32254  
US**

3. Date Incorporated or Qualified **05/19/1986** 3a. Date of Last Report **03/20/1995**

4. FFI Number **59-2688442** 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. 193.032, Florida Statutes  Yes  No

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

**9. Name and Address of Current Registered Agent**

**GRIEGO, MADELINE M  
5340 OLD KINGS ROAD  
JACKSONVILLE FL 32254**

**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 Registered Agent (Print Name) \_\_\_\_\_ Date of Signature \_\_\_\_\_  
Signature of Registered Agent (Print Name) \_\_\_\_\_ Date of Signature \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

DELETE

1 NAME **P GRIEGO, MADELINE M**

12 STREET ADDRESS **5340 OLD KINGS ROAD**

13 CITY, STATE, ZIP **JACKSONVILLE FL**

DELETE

2 NAME

22 STREET ADDRESS

23 CITY, STATE, ZIP

DELETE

3 NAME

32 STREET ADDRESS

33 CITY, STATE, ZIP

DELETE

4 NAME

42 STREET ADDRESS

43 CITY, STATE, ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

Change  Addition

14 NAME

15 STREET ADDRESS

16 CITY, STATE, ZIP

Change  Addition

24 NAME

25 STREET ADDRESS

26 CITY, STATE, ZIP

Change  Addition

34 NAME

35 STREET ADDRESS

36 CITY, STATE, ZIP

Change  Addition

44 NAME

45 STREET ADDRESS

46 CITY, STATE, 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 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:** *Modeline Griego*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/96 904 358-3103

CR2E034 (12/95)