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

PROFIT CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT #**

(4)

HINE(CO LEASING, INC.		•				//	
Principal Place	e of Business	Mailing Add	dress		···················		OR HANDING BOOK BURK	i Bibii Bibii Dibii 1881
% J. VERNK 1610 S. DIV ORLANDO I	ISION AVENUE	% J. VEI 1610 S.	% J. VERNON HINELY 1610 S. DIVISION AVENUE ORLANDO FL 32805			:		
						3. Date Incorporated or Qualified 08/20/1986	3a. Date of Las 05/01	
2. Principal Pl	ace of Business		28. Mailing Address 26			4. FEI Number 59-2710898	- 30,01,	Applied For
Suite, Apt.	#, etc.	Suite A	pt. #, etc		·	5. Certificate of Status Desired	\$8	Not Applicable .75 Additional
City & State		27	Oty & State			b. Certificate of Status Desired		ee Required
23		28	(ate			Election Campaign Financing Trust Fund Contribution		5.00 May Be
Ζιρ	Country	Zip	<u> </u>	Country		8. This corporation has liability for		dded to Fees er s. 199,032
24	25 29 9. Name and Address of Current Registered		30	30		Florida Statutes Yes No		
	5. Name and Address of Cont	ni negistered Ag	leur	81	Name	10. Name and Address of New R	egistered Agent	
HINELY	, J. VERNON							
1610 S	. DIVISION AVENUE			82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)	
ORLAN	DO FL 32805			83				
				84	City		85	Zip Code
11. Pursuant t	to the provisions of Sections 607 050	2 and 607 1509 E	londo Ctatutos el			ation submits this statement for the pur	<u> </u>	· .
	ed agent, or both, in the State of Floi th, and accept the obligations of, Sec			the corpo	arried corpor bration's boar	ation submits this statement for the pur ro of directors. Thereby accept the appo	pose of changing (pintment as registe	its registered office ered agent. I am
SIGNATURE:	of the state of th		noa Statutes					
12.	Securate tiped or principal to the object of a principal control of the control o		(NOTE FA		Seguitare respond		DATE	
TITLE	DP OFFICERS AN	ID DIRECTORS	DELETE	13. 1 1 TITLE		ADDITIONS/CHANGES TO OFFI		
NAME	HINELY, J. VERNON	E.	Detere	1.2 NAME			☐ Chang	ge 🔲 Addition 📑
STREET ADDRESS	1610 S. DIVISION AVE			1.3 STREET /	ADDRESS			ļ
CITY-ST-ZIP	ORLANDO FL			14 CHY-S1				
TITLE			DELETE	2 1711116			Chang	ge
NAME				2.2 NAME				
STREET ADDRESS				23 STAFE!	ADDRESS			
CITY - ST - ZIP TITLE			DELETI	24 CHY-ST	- Z.P			
NAME		LJ	DECETE	3 1 TITLE			☐ Chang	ge 🔲 Addition
STREET ADDRESS				3.2 NAME				
City-St-Zip			1	33 STREET.				
TIFLE			DELETE	34 CITY-ST 4 1 TILE	- £1r'		☐ Chang	ge Addition
NAME				4.2 NAME			[_] Griang	le Nogreon
STREET ADDRESS				43 STREET A	DORESS			
CITY - ST - ZIP				4.4 C-1 Y - ST	1			
TITLE	· · · · · ·		DELETE	5 1 TITLE			☐ Chang	⊋€ Addition
NAME			i	5.2 NAME			_ ~	_
STREET ADDRESS				53 STREET A	DURESS			
CITY - ST - ZIP			DE EXE	5 4 CHY - ST	-ZIP			
TITLE			DE! ETE	5 1 TITLE			☐ Chang	e Addition
NAME STREET ADDRESS			ľ	62 N4M				
STREET ADDRESS				63 STREET A	DDRESS			

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 challed, or on an attachment with an address

SIGNATURE:

April 30, 1996

407-843-8533

Daylor Plants

Daytime Priorie #