

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J33316** (7)
1. Corporation Name
HEXAGON LEASING CORP.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
301 CLEMATIS STREET **301 CLEMATIS STREET**
201 **201**
WEST PALM BEACH FL 33401 **WEST PALM BEACH FL 33401**
US **US**

3. Date Incorporated or Qualified **09/16/1986** 3a. Date of Last Report **02/17/1994**
4. FEI Number **59-2743878** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional
Fee Required
6. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution Added to Fees
8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

9. Name and Address of Current Registered Agent
GSCHWEND, RALF
301 CLEMATIS STREET
201
WEST PALM BEACH FL 33401

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: *R. Alford, President* 4/26/95
(Type or print name of registered agent and the applicable (1) (2) (3) Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS
TITLE: **VP**
NAME: **KOEPEL, JOEL P.**
STREET ADDRESS: **222 LAKEVIEW AVENUE SUITE 260**
CITY, ST, ZIP: **WEST PALM BEACH FL**
TITLE: **PST**
NAME: **GSCHWEND, RALF**
STREET ADDRESS: **301 CLEMATIS STREET, SUITE 201**
CITY, ST, ZIP: **WEST PALM BCH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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 110.07(3)(g), 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 signed or on an attachment with an address.
SIGNATURE: *R. Alford, President* 4/26/95 407-6557745
(Type or print name of signing officer or director)