

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 # J50296 (9)

1. Corporation Name

ALAMO FLEET FUNDING CORPORATION



Principal Place of Business

% DENNIS DUSTIN SMITH  
110 SE SIXTH ST. 28TH FL  
FT LAUDERDALE FL 33301

Mailing Address

P O BOX 22776  
ATTN: JOHN DAMIAN  
FT LAUDERDALE FL 33335  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SMITH, DENNIS DUSTIN  
110 SE SIXTH ST, 28TH FL  
FT LAUDERDALE FL 33301

3. Date Incorporated or Qualified

12/29/1986

3a. Date of Last Report

05/01/1995

4. FET Number

59-2749496

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

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

Signature, typed or printed name of registered agent and that applicable

(Agent's Registered Agent signature required when the statement is signed)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                   | STREET ADDRESS           | CITY - ST - ZIP   | <input checked="" type="checkbox"/> DELETE |
|-------|------------------------|--------------------------|-------------------|--------------------------------------------|
| D     | MACDONALD, CLARK       | 110 SE 6TH ST            | FT LAUDERDALE FL  | <input checked="" type="checkbox"/>        |
| V     | STEIN, GARY            | 110 S.E. 6TH ST. - 25 FL | FT. LAUDERDALE FL | <input type="checkbox"/>                   |
| VAS   | PICKUP, ROBERT E., JR. | 110 S.E. 6TH ST. - 29 FL | FT. LAUDERDALE FL | <input checked="" type="checkbox"/>        |
| TS    | BURNS, BRENT D.        | 110 S.E. 6TH ST. - 30 FL | FT. LAUDERDALE FL | <input checked="" type="checkbox"/>        |
| D     | MORSE, EDWARD J.       | 1240 NO. FEDERAL HWY     | FT. LAUDERDALE FL | <input checked="" type="checkbox"/>        |
|       |                        |                          |                   | <input type="checkbox"/>                   |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 11 TITLE | 12 NAME     | 13 STREET ADDRESS | 14 CITY - ST - ZIP  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|----------|-------------|-------------------|---------------------|------------------------------------------------------------------------------|
| P.D.     | COBB, KRITH | 110 SE 6th St.    | FT. LAUDERDALE, FL. | <input type="checkbox"/>                                                     |
| 21 TITLE | 22 NAME     | 23 STREET ADDRESS | 24 CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 31 TITLE | 32 NAME     | 33 STREET ADDRESS | 34 CITY - ST - ZIP  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 41 TITLE | 42 NAME     | 43 STREET ADDRESS | 44 CITY - ST - ZIP  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 51 TITLE | 52 NAME     | 53 STREET ADDRESS | 54 CITY - ST - ZIP  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 61 TITLE | 62 NAME     | 63 STREET ADDRESS | 64 CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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\*\*\*450.00

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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

CR2E034 (12/95)