FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 2:52

DOCUMENT # **J72238** **(5)**

1. Corporation Name
LTI VEHICLE LEASING CORP.

Principal Place of Business	Mailing Address
5713 CORPORATE WAY 200 W PALM BCH FL 33407 US	5713 CORPORATE WAY 200 W PALM BCH FL 33407 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 65-0028875 ☐ 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

9. Name and Address of Current Registered Agent

COPELAND, JAMES E.
8295 N. MILITARY TRAIL
SUITE A
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name: COPELAND, JAMES E.
82 Street Address (P.O. Box Number is Not Acceptable): 8895 N. MILITARY TRAIL
83: SUITE D-302
84 City: PALM BEACH GARDENS **FL** 85 Zip Code: 33410

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, typed or printed name, and capacity or title of signatory) (If CR, Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	GRAHAM, ANTHONY L.	12 NAME	
STREET ADDRESS	5713 CORPORATE WAY	13 STREET ADDRESS	
CITY ST ZIP	WEST PALM BEACH FL	14 CITY ST ZIP	
TITLE	~~AV~~	21 TITLE	☐ Change ☑ Addition
NAME	~~ROSEN, ANDREW~~	22 NAME	V LUTZ, CHARLES W
STREET ADDRESS	5713 CORPORATE WAY	23 STREET ADDRESS	5713 CORPORATE WAY
CITY ST ZIP	W PALM BEACH FL	24 CITY ST ZIP	W PALM BEACH FL
TITLE	~~VS~~	31 TITLE	☐ Change ☐ Addition
NAME	~~ROSEN, DANIEL~~	32 NAME	
STREET ADDRESS	~~5713 CORPORATE WAY~~	33 STREET ADDRESS	
CITY ST ZIP	~~WEST PALM BEACH FL~~	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	WHORL, C., TOD	42 NAME	
STREET ADDRESS	5713 CORPORATE WAY	43 STREET ADDRESS	
CITY ST ZIP	WEST PALM BCH FL	44 CITY ST ZIP	
TITLE	~~AS~~	51 TITLE	☑ Change ☐ Addition
NAME	~~RAVAGIO, NANCY~~	52 NAME	S PROCTOR, NANCY
STREET ADDRESS	5713 CORPORATE WAY	53 STREET ADDRESS	
CITY ST ZIP	WEST PALM BCH FL	54 CITY ST ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	MAURONER, SUZANN	62 NAME	
STREET ADDRESS	5713 CORPORATE WAY	63 STREET ADDRESS	
CITY ST ZIP	WEST PALM BCH FL	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 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: Anthony L Graham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Capacity (Owner)

0246822 CP