FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Jul 17, 1996 08:00 AM
Secretary of State

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

3. Date Incorporated or Qualified: **05/06/1987**
3a. Date of Last Report: **01/18/1995**

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.
8895 N. MILITARY TRAIL
D-302
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name: CHARLES LUTZ
82 Street Address (P.O. Box Number is Not Acceptable): 5713 CORPORATE WAY
83: #200
84 City: W PALM BEACH FL 85 Zip Code: 33407

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 of registered agent, and if agent is a corporation, the name and title of the officer, etc. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GRAHAM, ANTHONY L.		1.2 NAME		
STREET ADDRESS	5713 CORPORATE WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LUTZ, CHARLES W.		2.2 NAME		
STREET ADDRESS	5713 CORPORATE WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WHORL, C., TOD		3.2 NAME		
STREET ADDRESS	5713 CORPORATE WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PROCTOR, NANCY		4.2 NAME		
STREET ADDRESS	5713 CORPORATE WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE	700001896897 -07/17/96--01072--020 ***225.00	☐ Change ☐ Addition
NAME	MAURONER, SUZANN		5.2 NAME		
STREET ADDRESS	5713 CORPORATE WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	V	☐ Change ☑ Addition
NAME			6.2 NAME	PERSON, ROSS	
STREET ADDRESS			6.3 STREET ADDRESS	5713 CORPORATE WAY	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	W PALM BEACH FL 33407	

7/17/96

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: _____ Corp. Sec. 6/5/96 (561)478-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)