


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0077084

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # J72238</b>					
1. Corporation Name <b>LTI VEHICLE LEASING CORP.</b>					
Principal Place of Business <b>5713 CORPORATE WAY 200 W PALM BCH FL 33407 US</b>			Mailing Address <b>5713 CORPORATE WAY 200 W PALM BCH FL 33407 US</b>		

FILED

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



07/08/99 90010 013 \$550.00  
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>05/06/1987</b>	
4. FEI Number <b>65-0028875</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent <b>LUTZ, CHARLES 5713 CORPORATE WAY #200 WEST PALM BEACH FL 33407</b>	
9. Name and Address of New Registered Agent <b>J. FURMAN 1750 E. SUNRISE BLVD. FT. LAUDERDALE FL 33304</b>		10. Name and Address of New Registered Agent <b>J. FURMAN 1750 E. SUNRISE BLVD. FT. LAUDERDALE FL 33304</b>		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 *JACK A. FURMAN* **JACK A. FURMAN** 7/28/99  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAHAM, ANTHONY L.</b>	1.2 NAME	
STREET ADDRESS	<b>5713 CORPORATE WAY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUTZ, CHARLES W.</b>	2.2 NAME	
STREET ADDRESS	<b>5713 CORPORATE WAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHORL, C., TOD</b>	3.2 NAME	
STREET ADDRESS	<b>5713 CORPORATE WAY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BCH FL</b>	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PROCTOR, NANCY</b>	4.2 NAME	
STREET ADDRESS	<b>5713 CORPORATE WAY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BCH FL</b>	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAURONER, SUZANN</b>	5.2 NAME	
STREET ADDRESS	<b>5713 CORPORATE WAY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BCH FL</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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: *JACK A. FURMAN*  
Signature and typed or printed name of signing officer or director

7-28-99

Date

Daytime Phone #

CR2E034 (5/99)